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Subject: SOCIAL MEDICINE AND COMMUNITY HEALTH Code No.: 81

SYLLABUS

Unit-I **Evolution and Basic Concepts of Public Health/ Social Medicine and Community Health**

- History of Social Medicine and Community Health
- History of Public Health and Its Milestones
- Comprehensive Health Care
- Social Development and Health
- Dimensions and Determinants of Health
- Concepts and Indicators of Health and Wellbeing
- Natural History of Disease
- Levels of Prevention
- Globalisation and Its Impact on Health
- Roles and Responsibility of State, Community and Private Sector in Health

Unit-II **Evolution of Health Policies and Health Services in India**

- Health Committees and Development of Health Services in Independent India
- Constitutional Provisions, Federal Structure and Social Security
- National Health Policies (1983, 2002, 2017), Population Policy, Nutrition Policy,
- Policy on Indian Systems of Medicine and Homeopathy, 2002
- Important Health Legislations in India
- Health Infrastructure in India—Public, Private, and Charitable, Public Private Partnership(PPP)
- Health financing and Health insurance, Out of Pocket expenditure
- Civil society and Social Movements in Health

Unit-III **General Epidemiology and Bio-statistics**

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- Basic concepts and definitions in Epidemiology
- Types of epidemiology
- Uses of epidemiology
- Measurements in epidemiology
- Epidemiological Study Designs
- Screening and surveillance
- Validity of Screening and Diagnostic tests
- Causation , Association and Biases
- Investigation of an epidemic
- Basic concepts in Bio statistics
- Types of data and data sources for Public Health
- Sampling techniques and sample size estimation
- Probability and Tests of significance
- Data analysis, presentation and interpretation

Unit-IV Social Sciences and Health

- Definition, Scope, Concepts and Significance of Social, Economic, Cultural and Behavioral factors on Health and Disease
- Social Theories of Causation of Disease
- Implications of Social Structure and Socio-economic Status for Health
- Political and Economic Aspects of Health
- Health Perceptions and Behavior
- Health Economics
- Qualitative Research Methodology
- Social Work Approach in Health Care

Unit-V Epidemiology of Common Health Problems In India and National Health Programmes

- Communicable Diseases—Common, Emerging and Re-emerging diseases, Hospital acquired infections, Antimicrobial resistance
- Non-Communicable Diseases—Cardio-vascular diseases, Diabetes, Cancers, Rheumatic heart disease, Blindness, Mental Health, Occupational Diseases, Genetic diseases
- Accidents , Injuries and Disasters
- All National Health Programs and data sources.

Unit-VI Basic Determinants of Health

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   - Water and sanitation
   - Environmental pollution and Health impacts
   - Built environment and Housing
   - Climate change and impact on health
   - Waste management
   - Hospital waste management

b. **Nutrition**
   - Ecology of malnutrition
   - Assessment of Nutritional status
   - Nutritional diseases and their management
   - Food and nutrition security and related legislations
   - National Nutrition programs
   - Socio cultural aspects of nutrition
   - Food safety, Food standards and related legislations

c. **Social determinants of Health**

Unit-VII Demography, Family Welfare and RCH

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a. **Demography and Family Planning**

- Definition, concepts and indicators related to demography and family planning
- Demographic cycle
- Size, composition and distribution of India's population
- Approaches and methods of contraception
- Evolution of National Family Welfare Program
- Social issues related to Family Planning
- Felt need and unmet need in Family planning
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- PC and PNDT Act-1994
- MTP Act 1971

b. **Reproductive and Child Health**

- Evolution of Maternal/ Reproductive and child Health programs
- Safe motherhood and essential newborn care with related schemes and programs
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Unit-VIII Health Education/ IEC/ BCC and Information Technology in Health

- Concepts, objectives and approaches of health education
- Methods , modes and barriers of communication
- Planning, Management and Organization of health education programs
- E-medicine, Distance education and associated legal issues
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Unit-IX Health Systems Research, Planning and Management and Recent Advances in Public Health

- Health planning and management
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- Health Management Information System
- Medical and Social Audits
- Health teams and their management
- Human Resources in Health
- Role of Ayush in local Health traditions
- Health policy studies
- Quality assessment of Health Services- parameters and standards
- Ethics in Health Care
- National Institutes of Public Health Research and Training

Unit-X International Health

- Health problems of developed and developing countries
- Health problems of South East Asia region
- International agencies in Health
- Emporiatrics
- Health for All approaches- Primary Health Care (1978) to Universal Health Coverage
- Millennium Development Goals (MDG) and Sustainable Development Goals (SDG)

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CHAPTER 01

Evolution and Basic Concepts of Public Health, Social Medicine and Community Health

1. Which of the following best defines "Social Medicine"?
(A) The specific branch of medicine focused on surgical procedures within a community setting.
(B) The study of the social, economic, and environmental factors influencing health and disease.
(C) The historical documentation of disease patterns without considering their underlying causes.
(D) The administrative management of private clinics and specialized healthcare facilities.

2. The concept of "Community Health" primarily evolved from an earlier focus on:
(A) Maternal and child health services provided at the local level.
(B) Individual curative care provided within clinical environments.
(C) Pharmaceutical research focused on developing new medications.
(D) Tropical diseases found specifically in equatorial regions.

3. Which of the following is NOT a core principle of Community Health?
(A) Emphasis on community participation.
(B) Focus on preventive and promotive health.
(C) Prioritization of high-cost, specialized treatments.
(D) Inter-sectoral coordination for health improvement.

4. With reference to health concepts, consider the following statements:
Statement I : Social Medicine considers the 'patient' as the society or community.
Statement II : Community Health is primarily concerned with the health of individuals in isolation, not as a group.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

5. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : The industrial revolution in Europe was a major impetus for the development of Social Medicine.
Reason (R) : The crowded and unsanitary conditions in industrial towns led to widespread disease, highlighting the link between social conditions and health.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. A key milestone in the history of public health was John Snow's work on cholera, which demonstrated:
(A) The clinical effectiveness of early vaccination methods.
(B) The waterborne transmission of the infectious disease.
(C) The specific bacterial origin of the disease process.
(D) The primary importance of hygiene and handwashing.

7. The establishment of the World Health Organization (WHO) is a significant milestone in public health. In which year was it founded?

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(A) 1920
(B) 1961
(C) 1978
(D) 1948

8. Identify the INCORRECT statement regarding the history of public health.
(A) The discovery of antibiotics in the 20th century had no significant impact on public health.
(B) Early public health measures in ancient civilizations focused on sanitation and water supply.
(C) The Smallpox Eradication Programme is considered a major achievement of global public health.
(D) Edwin Chadwick's report on the sanitary conditions in Great Britain was a landmark document.

9. What is the most appropriate description of "Comprehensive Health Care"?
(A) A medical system focused exclusively on providing emergency and critical care services.
(B) A specific approach providing only preventive and promotive health services to patients.
(C) A model of care that integrates preventive, promotive, curative, and rehabilitative services.
(D) Specialized health care that is provided only within a high-technology hospital setting.

10. Match List I with List II regarding public health milestones and associated concepts.
List I: (Public Health Milestone)
P. Edward Jenner
Q. Alma-Ata Declaration
R. Louis Pasteur
S. Shattuck Report
List II: (Associated Concept/Event)
1. Health for All
2. Germ theory of disease
3. Blueprint for public health in the USA
4. Smallpox vaccination
(A) P-4, Q-1, R-2, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-1, S-2
(D) P-2, Q-1, R-4, S-3

11. The concept of "Health for All" was a key declaration from which international conference?
(A) The Ottawa Charter Conference on health promotion.
(B) The World Health Assembly held in Geneva, Switzerland.
(C) The Earth Summit held in Rio de Janeiro, Brazil.
(D) The Conference on Primary Health Care at Alma-Ata.

12. A public health official is tasked with implementing a comprehensive health care program in a rural district. Which of the following activities best represents the "rehabilitative" component of this care?
(A) Conducting a large-scale vaccination drive for rural children.
(B) Providing physiotherapy for a patient recovering from a stroke.
(C) Organizing a community health education camp on basic nutrition.
(D) Treating acute patients with malaria at the primary health center.

13. How does social development primarily influence health outcomes?
(A) By directly altering the genetic makeup of a given population group.
(B) By increasing the total number of hospitals without focusing on accessibility.
(C) By improving access to education, housing, and essential nutrition.
(D) By focusing solely on developing advanced medical and surgical technologies.

14. Which of the following is considered a negative health consequence of a lack of social development?
(A) Significant increase in life expectancy across all ages.
(B) Consistently lower infant mortality rates in the population.
(C) Greater health equity among different socio-economic groups.
(D) Higher prevalence of communicable and chronic diseases.

15. Consider the following statements about the link between social development and health:

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1. Higher levels of female literacy are often associated with lower infant mortality rates.
2. Social development has no measurable impact on mental health outcomes.
3. Economic growth in a country always translates directly to equitable health improvements.
4. Social cohesion and community support networks are important social determinants of health.

Which of the above statement(s) is/are correct?
(A) 1 and 4 only
(B) 2 and 3 only
(C) 1, 2 and 3 only
(D) 1, 3 and 4 only

16. Which of the following represents the 'Spiritual' dimension of health?
(A) The physical ability to perform daily tasks without fatigue.
(B) Having a sense of purpose and meaning in one's life.
(C) The mental ability to think clearly and coherently.
(D) The capacity to form satisfying interpersonal relationships.

17. According to the multifactorial concept of health determinants, which of the following would be classified as a 'behavioral' determinant?
(A) A specific genetic predisposition to developing type 2 diabetes.
(B) An individual's dietary habits and current tobacco smoking status.
(C) The measurable level of air pollution found within a metropolitan city.
(D) The availability and quality of health services in a local community.

18. Identify the correct pair of a dimension of health and its description.
(A) Social Dimension - Ability to maintain harmonious relationships with others.
(B) Physical Dimension - Freedom from internal conflicts.
(C) Mental Dimension - A sense of purpose in life.
(D) Spiritual Dimension - Perfect functioning of the body.

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19. Which determinant of health is generally considered to be LEAST modifiable at the individual level?
(A) Lifestyle and behavior
(B) Socio-economic status
(C) Biological and genetic factors
(D) Access to health services

20. Arrange the following public health milestones in chronological order:
1. Eradication of Smallpox
2. Establishment of the World Health Organization (WHO)
3. John Snow's identification of the Broad Street pump as a source of cholera
4. Alma-Ata Declaration on Primary Health Care

Select the correct sequence:
(A) 3, 2, 4, 1
(B) 2, 3, 1, 4
(C) 3, 1, 2, 4
(D) 1, 2, 3, 4

21. The WHO definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" is best described as:
(A) A purely operational and measurable concept.
(B) A biomedical and reductionist view.
(C) A holistic and idealistic concept.
(D) A definition focused only on communicable diseases.

22. Which of the following is a mortality indicator?
(A) Prevalence Rate
(B) Case Fatality Rate
(C) Incidence Rate
(D) Disability-Adjusted Life Year (DALY)

23. What does the Infant Mortality Rate (IMR) measure?
(A) The total number of deaths of children under five years per 1000 live births.
(B) The specific number of stillbirths occurring per 1000 total births recorded.
(C) The number of neonatal deaths per 1000 population within a given year.
(D) The number of deaths of infants under one year per 1000 live births.

24. Consider the following statements regarding health indices:
Statement I : The Human Development Index (HDI) is a composite indicator that includes life expectancy, education, and per capita income.
Statement II : The Physical Quality of Life Index (PQLI) is a morbidity indicator.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

25. Consider the following statements regarding indicators of health:
1. Life expectancy at birth is a positive health indicator.
2. Morbidity indicators measure the frequency of illness and disability in a population.
3. The Maternal Mortality Ratio is typically expressed per 100,000 live births.
4. Health indicators are only useful for comparing health status between countries, not within them.
5. Incidence rate measures the proportion of existing cases of a disease at a specific point in time.

Which of the above statement(s) is/are correct?
(A) 1, 2, and 3 only
(B) 2, 4, and 5 only
(C) 1, 3, and 5 only
(D) 1, 2, 3, and 4 only

26. Which stage of the Natural History of Disease precedes the onset of pathological changes?
(A) The pre-pathogenesis period.
(B) The stage of clinical disease.
(C) The stage of disability.
(D) The stage of recovery.

27. The 'pathogenesis' phase in the Natural History of Disease begins with:
(A) The individual seeking professional medical care.
(B) The appearance of clear clinical signs and symptoms.
(C) The final outcome of the disease process.
(D) The entry of the agent into the susceptible human host.

28. The concept of "iceberg phenomenon of disease" is most relevant to the natural history of which types of conditions?
(A) Fatal diseases that result in immediate mortality.
(B) Diseases where most cases are subclinical or asymptomatic.
(C) Genetic disorders that are present from the time of birth.
(D) Physical injuries resulting from sudden traumatic accidents.

29. Which of the following is the best example of an intervention during the early pathogenesis phase of a disease?
(A) Health education on the dangers of smoking.
(B) Provision of a prosthetic limb to an amputee.
(C) Screening for cervical cancer.
(D) Immunization against measles.

30. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : The natural history of a disease describes its progression in an individual over time without any medical intervention.
Reason (R) : Understanding the natural history is crucial for identifying appropriate points for applying levels of prevention.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Providing health education on balanced nutrition to school children is an example of which level of prevention?
(A) Primary prevention
(B) Primordial prevention
(C) Secondary prevention
(D) Tertiary prevention

32. What is the primary goal of secondary prevention?
(A) To prevent the emergence of risk factors for a disease.
(B) To halt the progress of a disease at its incipient stage and prevent complications.
(C) To reduce the impact of an established

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disease by minimizing disability.
(D) To promote general health and well-being in the entire population.

33. Match List I (Level of Prevention) with List II (Example Intervention).
List I: (Level of Prevention)
P. Primordial Prevention
Q. Primary Prevention
R. Secondary Prevention
S. Tertiary Prevention
List II: (Example Intervention)
1. Mammography for early detection of breast cancer
2. Development of national policies to discourage smoking
3. Use of iodized salt to prevent iodine deficiency disorders
4. Rehabilitation services for a post-paralysis patient
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-3, R-1, S-4
(C) P-4, Q-1, R-2, S-3
(D) P-2, Q-4, R-1, S-3

34. A public health program that focuses on creating 'healthy cities' with walking paths and access to fresh produce to prevent the rise of obesity and hypertension is operating at which level of prevention?
(A) Primordial prevention
(B) Secondary prevention
(C) Pathogenesis prevention
(D) Tertiary prevention

35. Which of the following is NOT an example of primary prevention?
(A) Vaccination against polio.
(B) Wearing a helmet while riding a motorcycle.
(C) Regular blood pressure measurement for a known hypertensive patient.
(D) Health education about safe sex practices.

36. Tertiary prevention aims to:
(A) Detect and treat disease in its earliest stages.
(B) Remove the causative agents of a disease from the environment.
(C) Prevent the development of risk factors in the community.
(D) Limit disability and promote rehabilitation after a disease has occurred.

37. A community health nurse screens factory workers for noise-induced hearing loss. This activity falls under which level of prevention?
(A) Primary prevention
(B) Tertiary prevention
(C) Secondary prevention
(D) Primordial prevention

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38. Consider the following statements regarding the levels of prevention:
1. Primary prevention is directed towards susceptible individuals before they develop the disease.
2. Secondary prevention focuses on individuals with asymptomatic disease.
3. Tertiary prevention aims to prevent the occurrence of a disease.
4. Primordial prevention aims to prevent the emergence of risk factors.
Which of the above statement(s) is/are correct?
(A) 1, 2 and 4 only
(B) 1 and 3 only
(C) 2, 3 and 4 only
(D) All of the above

39. The rapid spread of infectious diseases like COVID-19 across international borders is a prominent example of which aspect of globalisation?
(A) The positive impact of technology transfer.
(B) The universal adoption of health policies.
(C) The success of global health diplomacy.
(D) The negative health impact related to increased travel and trade.

40. Arrange the following levels of prevention in the order they would be applied along the timeline of the natural history of a disease:
1. Tertiary Prevention
2. Primary Prevention
3. Primordial Prevention
4. Secondary Prevention
Select the correct sequence:
(A) 3, 2, 4, 1
(B) 2, 3, 4, 1
(C) 3, 4, 2, 1
(D) 1, 2, 3, 4

41. Which of the following is considered a positive impact of globalisation on health?
(A) Brain drain of health professionals from

developing to developed countries.
(B) Increased marketing of unhealthy products like tobacco and fast food.
(C) Rapid dissemination of medical research and best practices.
(D) Increased risk of pandemics.

42. The "brain drain" in the context of global health refers to:
(A) The migration of highly skilled health professionals from poorer to richer countries.
(B) The decline in cognitive function due to environmental pollution.
(C) The loss of traditional medical knowledge.
(D) The spread of neurological diseases across the globe.

43. Which of the following statements about the role of the state in health is INCORRECT?
(A) The state is responsible for policy formulation and legislation related to health.
(B) The state has a role in regulating the quality and cost of health services.
(C) The state is often the primary financier of public health programs.
(D) The state's role is limited to providing only curative services.

44. Community participation in health is best described as:
(A) A process where communities are passively receiving healthcare services.
(B) A process of assuming responsibility for health and community development.
(C) A legal requirement for all citizens to attend designated health camps.
(D) The mandatory donation of funds by the community to build hospitals.

45. Consider the following statements about globalisation's impact on health:
1. Globalisation can lead to greater availability of a variety of foods, potentially improving nutrition.
2. International trade agreements can sometimes restrict a country's ability to produce affordable generic drugs.
3. The rise of medical tourism is a direct consequence of globalisation.
4. Globalisation has exclusively negative consequences for the health of developing nations.
5. The spread of health-related information and misinformation are both facilitated by globalisation.

Which of the above statement(s) is/are correct?
(A) 1, 2, 3, and 5 only
(B) 2, 4, and 5 only
(C) 1, 3, and 4 only
(D) All of the above

46. What is the primary role of the private sector in the health system of many countries?
(A) To set national health policy.
(B) To be the sole provider of preventive health services.
(C) To regulate the pharmaceutical industry.
(D) To deliver health services, often specializing in curative and high-tech care.

47. A public-private partnership (PPP) in the health sector typically involves:
(A) Collaboration between government and private-sector to fulfill objectives.
(B) The local community taking over all administrative functions of the state.
(C) The private sector funding all public initiatives without collaboration.
(D) The state taking complete operational control of all private hospitals.

48. In public health discourse, the emphasis on social determinants of health has grown significantly. What was the most likely effect of this emphasis?
(A) A shift in focus solely towards developing new biological vaccines.
(B) Greater appreciation for inter-sectoral collaboration across departments.
(C) A total reduction in funding for all existing hospital-based care.
(D) The complete abandonment of the traditional biomedical model of disease.

49. Rudolf Virchow's famous statement, "Medicine is a social science, and politics is nothing else but medicine on a large scale," underscores the core philosophy of:
(A) Comprehensive Health Care
(B) Social Medicine

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(C) The Germ Theory
(D) Tertiary Prevention

50. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : Comprehensive health care aims to provide a continuum of services.
Reason (R) : Health needs of an individual and community range from health promotion and disease prevention to treatment and long-term rehabilitation.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

51. The Bhore Committee report (1946) in India is a significant milestone because it:
(A) Recommended the global eradication of the smallpox virus.
(B) Was the first document to describe the germ theory of disease.
(C) Laid out a blueprint for comprehensive care and Primary Health Centres.
(D) Focused exclusively on the role of the private sector in health.

52. The "epidemiological transition" refers to:
(A) The process of an epidemic spreading through a specific population.
(B) The change in a person's health status from healthy to sick.
(C) The transition of public health leadership between generations.
(D) The shift from infectious diseases to chronic non-communicable diseases.

53. Which of the following is the best example of a "wellbeing" as part of health?
(A) The complete absence of any diagnosed medical condition.
(B) The physical ability to successfully run a marathon.
(C) A subjective perception of being happy and satisfied with life.
(D) Having a consistently high income and superior social status.

54. The 'Physical' dimension of health refers to:
(A) The ability to interact with people in an acceptable manner.
(B) The perfect functioning of the body's physiological systems.
(C) The ability to make sound judgments and decisions.
(D) A state of balance between the individual and the surrounding world.

55. Match List I with List II regarding health determinant categories and specific examples.
List I: (Health Determinant Category)
P. Biological Determinant
Q. Behavioral Determinant
R. Environmental Determinant
S. Socio-economic Determinant
List II: (Specific Example)
1. Air quality in a city
2. An individual's level of education
3. Age and sex
4. Physical activity level
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-4, R-1, S-3

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56. Which of the following indicators is a direct measure of morbidity?
(A) Incidence of Tuberculosis
(B) Life Expectancy
(C) Crude Death Rate
(D) Maternal Mortality Ratio

57. The "denominator" in the calculation of the Maternal Mortality Ratio (MMR) is typically:
(A) Total mid-year population.
(B) Total number of women of childbearing age.
(C) Total number of live births in the same year.
(D) Total number of maternal deaths.

58. Consider the following statements about the Natural History of Disease:
1. It is divided into pre-pathogenesis and pathogenesis phases.
2. The 'incubation period' is part of the pre-pathogenesis phase.
3. Intervention can alter the natural history of a disease.
4. It is only applicable to infectious diseases,

not chronic ones.
Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 2 and 4 only
(C) 1, 2 and 3 only
(D) 1, 3 and 4 only

59. The 'latent period' in the context of chronic disease epidemiology is analogous to which period in infectious disease epidemiology?
(A) The clinical period
(B) The recovery period
(C) The period of communicability
(D) The incubation period

60. With reference to disease prevention strategies, consider the following statements:
Statement I : Primordial prevention is a concept that is particularly relevant for the prevention of chronic non-communicable diseases.
Statement II : Interventions for primordial prevention are often directed at the entire population through public policy and environmental changes.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

61. Chemoprophylaxis (e.g., giving anti-malarial drugs to travelers to an endemic area) is an example of:
(A) Primordial prevention
(B) Secondary prevention
(C) Primary prevention
(D) Tertiary prevention

62. Identify the INCORRECT pair of a level of prevention and its target stage in the natural history of disease.
(A) Primary Prevention - Pre-pathogenesis phase
(B) Secondary Prevention - Early pathogenesis phase
(C) Tertiary Prevention - Late pathogenesis phase (disability/convalescence)
(D) Primordial Prevention - Clinical phase

63. The phenomenon where global market forces influence dietary patterns, often promoting energy-dense, nutrient-poor foods, is a health impact of:
(A) Globalisation
(B) Social development
(C) Community participation
(D) Primary Health Care

64. What is the main responsibility of a community in ensuring its own health?
(A) Manufacturing its own clinical vaccines and medicines.
(B) Participating in identifying needs and implementing local initiatives.
(C) Performing complex surgical and medical procedures.
(D) Funding large-scale international health organizations.

65. Consider the following statements regarding the roles of different sectors in health:
1. The state's role in health is often referred to as stewardship, involving overall governance of the health system.
2. The private-for-profit health sector is primarily motivated by health equity rather than financial returns.
3. Community participation is a cornerstone of the Primary Health Care approach.
4. The private sector has no role to play in preventive health services.
5. Regulation of food and drug safety is a key responsibility of the state.

Which of the above statement(s) is/are correct?
(A) 1, 3, and 5 only
(B) 2, 3, and 4 only
(C) 1, 2, and 5 only
(D) All of the above

66. Which one of the following is NOT a core component of Comprehensive Health Care?
(A) Exclusive focus on high-income populations
(B) Curative services
(C) Promotive services
(D) Rehabilitative services

67. A health system that provides services from the community level (sub-centre) to the district hospital, with a functional referral system, exemplifies the principle of:
(A) Privatisation
(B) Globalisation

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(C) Comprehensive Health Care
(D) Social exclusion

68. Improved female literacy and empowerment is a key goal of social development. What is a widely recognized effect of this on population health?
(A) Increased rates of infectious diseases.
(B) A decline in life expectancy.
(C) Greater reliance on traditional healers.
(D) Reduced infant and child mortality rates.

69. The 'mental' dimension of health includes all of the following EXCEPT:
(A) Being free from internal conflicts.
(B) The ability to think clearly.
(C) The ability to form satisfying relationships.
(D) A well-adjusted personality.

70. Arrange the following public health concepts in their chronological order of emergence:
1. Concept of Comprehensive Health Care (as envisioned by Bhore Committee)
2. Concept of Primordial Prevention
3. Germ Theory of Disease
4. Hippocratic theory of "humors"

Select the correct sequence:
(A) 4, 3, 1, 2
(B) 3, 4, 1, 2
(C) 4, 1, 3, 2
(D) 1, 4, 3, 2

71. Which of the following is the best example of a "determinant of health" operating at the socio-economic level?
(A) An individual's unique genetic code.
(B) An individual's personal choice to smoke cigarettes.
(C) The presence of a specific virus in the environment.
(D) Average income and level of inequality in a community.

72. The Physical Quality of Life Index (PQLI) combines which three indicators?
(A) Infant mortality, life expectancy at age one, and basic literacy.
(B) Per capita income, life expectancy, and adult literacy.
(C) Air quality, water quality, and housing standards.
(D) Morbidity rate, mortality rate, and disability rate.

73. The difference between "incidence" and "prevalence" is that:
(A) Incidence refers to fatal cases, while prevalence refers to non-fatal cases.
(B) Incidence is a proportion, while prevalence is a rate.
(C) Incidence refers to new cases of a disease, while prevalence refers to all existing cases.
(D) Incidence refers to chronic diseases, while prevalence refers to infectious diseases.

74. A person diagnosed with diabetes is taught how to monitor their blood sugar and manage their diet to prevent complications like kidney failure or blindness. This is a clear example of:
(A) Tertiary prevention
(B) Primary prevention
(C) Secondary prevention
(D) Primordial prevention

75. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : Globalisation can exacerbate health inequities between and within countries.
Reason (R) : The benefits of globalisation, such as access to new technologies and medicines, are often distributed unevenly, favoring wealthier nations and populations.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

76. The concept of "positive health" emphasizes:
(A) The complete absence of any risk factors.
(B) A state of well-being beyond simply not being ill.
(C) The biological and physiological soundness of the body.
(D) The early detection of disease through screening.

77. Match List I with List II regarding health concepts and their descriptions.
List I: (Term)
P. Natural History of Disease

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Q. Social Development
R. Community Participation
S. Comprehensive Care

List II: (Best Description)

1. Involvement of people in their own health care decisions
2. A holistic approach including prevention, cure, and rehabilitation
3. The progression of a disease process without intervention
4. Improvement in quality of life and social structures

(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-1, R-4, S-2

78. Consider the following statements about the role of the State in health:

1. The State is solely responsible for direct provision of all health services.
2. The State plays a crucial role in health financing and resource allocation.
3. Health legislation and regulation fall under the purview of the State.
4. The State has no role in promoting inter-sectoral action for health.

Which of the above statement(s) is/are correct?
(A) 1 and 4 only
(B) 2 and 3 only
(C) 1, 2 and 3 only
(D) 2, 3 and 4 only

79. The transition from Social Medicine to Community Medicine/Health reflected a shift towards:
(A) A greater emphasis on practical, community-based action and participation.
(B) A purely academic and theoretical approach to health.
(C) Focusing only on the social causes of disease without intervention.
(D) Prioritizing individual, hospital-based care.

80. Arrange the following historical phases in public health in the correct chronological sequence:

1. The "Disease Control Phase" focusing on specific infectious diseases.
2. The "Health Promotion Phase" emphasizing lifestyle and prevention.
3. The "Sanitary Movement Phase" focusing on environmental hygiene.
4. The "Social Engineering Phase" aiming to modify social and economic determinants.

Select the correct sequence:
(A) 3, 1, 4, 2
(B) 1, 3, 2, 4
(C) 3, 1, 2, 4
(D) 2, 4, 1, 3

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81. Which dimension of health is most concerned with an individual's ability to adapt, solve problems, and grow intellectually?
(A) Physical
(B) Mental
(C) Social
(D) Spiritual

82. The 'web of causation' model for disease suggests that:
(A) Disease is the result of a complex interaction of multiple factors.
(B) Every disease has a single, identifiable cause.
(C) All diseases are primarily caused by genetic factors.
(D) Social factors are irrelevant in disease causation.

83. Disability-Adjusted Life Year (DALY) is a composite measure of:
(A) The specific total number of new cases of a disease recorded.
(B) The direct economic cost of a specific illness on society.
(C) The burden of disease, combining years lost to mortality and disability.
(D) The perceived quality of health services provided by a local hospital.

84. In the natural history of a communicable disease, the 'incubation period' is defined as the time interval between:
(A) Onset of symptoms and formal diagnosis of the disease.
(B) Exposure to infection and the point of maximum infectivity.
(C) The end of the disease and full physical recovery.
(D) Invasion by the agent and appearance of the first symptom.

85. Consider the following statements about Levels of Prevention:
1. Specific protection, like immunization, is a form of secondary prevention.
2. Early diagnosis and prompt treatment are the cornerstones of secondary prevention.
3. Disability limitation is a key component of tertiary prevention.
4. Primordial prevention aims to prevent disease in individuals who are already sick.
5. Health promotion activities fall under the umbrella of primary prevention.

Which of the above statement(s) is/are correct?
(A) 1, 3, and 4 only
(B) 2, 3, and 5 only
(C) 1, 2, and 5 only
(D) 2, 4, and 5 only

86. Which of the following best exemplifies the role of the private sector in health?
(A) Formulating a national policy on tuberculosis control.
(B) Operating a chain of diagnostic laboratories on a for-profit basis.
(C) Conducting a nationwide immunization campaign funded by the government.
(D) Mandating compulsory health insurance for all citizens.

87. The concept that health is a fundamental human right is a core principle enshrined in the constitution of the:
(A) International Monetary Fund (IMF)
(B) World Trade Organization (WTO)
(C) United Nations Educational, Scientific and Cultural Organization (UNESCO)
(D) World Health Organization (WHO)

88. Identify the incorrect pair from the following.
(A) Primary Prevention - Papanicolaou (Pap) smear test
(B) Comprehensive Health Care - Bhore Committee
(C) "Health for All" - Alma-Ata Conference
(D) Social Medicine - Rudolf Virchow

89. An example of a health policy driven by the concept of social development would be:
(A) A policy to build more super-specialty hospitals in urban centers.
(B) A policy focused only on the import of advanced medical equipment.
(C) A policy that links girls' education incentives with improved access to health services.
(D) A policy that deregulates the pharmaceutical market completely.

90. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : The private health sector is a major provider of health services in many low- and middle-income countries.
Reason (R) : The public health infrastructure in these countries is often underfunded and overstretched, leading people to seek care from private providers.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

91. The term 'holistic concept' of health refers to a view that:
(A) Health is solely the responsibility of the individual.
(B) Health can be achieved only through medical interventions.
(C) Health is merely the absence of infirmity.
(D) Health is a synthesis of the physical, mental, social, and spiritual dimensions.

92. All of the following are determinants of health EXCEPT:
(A) Genetic inheritance
(B) The longitude and latitude of a person's birthplace
(C) Personal lifestyle
(D) Socio-economic conditions

93. A morbidity indicator that measures the number of new cases of a disease occurring in a defined population during a specified period is the:
(A) Prevalence rate
(B) Point prevalence
(C) Incidence rate
(D) Case fatality rate

94. The stage of 'subclinical disease' in the natural history of disease is characterized by:

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(A) The presence of clear and severe symptoms.
(B) The individual having fully recovered from the illness.
(C) The risk factors for the disease being present in the environment.
(D) Pathological changes occurring in the body, but the individual is unaware of them.

95. Consider the following statements about comprehensive health care:
1. It is synonymous with primary health care.
2. It encompasses promotive, preventive, curative and rehabilitative aspects of care.
3. It emphasizes accessibility, affordability, and equity.
4. It is designed to be delivered primarily through tertiary care hospitals.
5. The Bhore Committee report was a foundational document for this concept in India.

Which of the above statement(s) is/are correct?
(A) 1, 2, and 3 only
(B) 2, 3, and 5 only
(C) 1, 4, and 5 only
(D) 2, 3, 4 and 5 only

96. A potential negative impact of globalisation on the health workforce is:
(A) Increased training opportunities for health workers.
(B) "Brain drain" or the migration of skilled personnel to wealthier countries.
(C) Improved salaries for health workers in their home countries.
(D) Greater recognition of traditional health practitioners.

97. The responsibility for ensuring the safety of food and water supplies in a nation primarily rests with the:
(A) Private sector
(B) State
(C) Community
(D) International health agencies

98. Consider the following dimensions of health:
1. Physical
2. Financial
3. Social
4. Mental

Which of the above are recognized dimensions of health?
(A) 1, 2 and 3 only
(B) 1, 3 and 4 only
(C) 2, 3 and 4 only
(D) All of the above

99. With reference to the stages of disease development, consider the following statements:
Statement I : The pre-pathogenesis phase of a disease is the period before the disease agent has interacted with the host.
Statement II : Primary prevention measures are applied during the pre-pathogenesis phase.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

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100. The Ottawa Charter for Health Promotion is a significant milestone that emphasized:
(A) The central role of hospitals in health.
(B) The development of new pharmaceutical drugs.
(C) Building healthy public policy, creating supportive environments, and strengthening community action.
(D) A purely biomedical approach to health problems.

101. A health manager is reviewing data for a district. Which finding would most strongly suggest a need for improved social development to impact health?
(A) Low vaccination coverage rates.
(B) High rates of malnutrition and school dropouts among girls.
(C) A sudden outbreak of influenza.
(D) A shortage of surgeons at the district hospital.

102. The concept of 'wellbeing' is distinct from 'health' because it is:
(A) More objective and easily measurable.
(B) Purely related to physical fitness.
(C) Only applicable to high-income countries.
(D) More subjective and relates to an individual's personal experience of life.

103. Which of the following factors falls under the 'Health Care System' as a determinant of health?
(A) The affordability and accessibility of

medical services.
(B) An individual's dietary habits.
(C) The level of industrial pollution.
(D) A person's genetic susceptibility to cancer.

104. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : Health indicators are essential tools in public health.
Reason (R) : They are used to measure the health status of a community, identify health problems, and evaluate the impact of health programs.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

105. The final outcome of the natural history of a disease can be any of the following EXCEPT:
(A) Pre-pathogenesis
(B) Recovery
(C) Disability
(D) Death

106. Palliative care, which focuses on providing relief from the symptoms and stress of a serious illness, is a key component of:
(A) Primary prevention
(B) Secondary prevention
(C) Primordial prevention
(D) Tertiary prevention

107. Consider the following statements differentiating between primordial and primary prevention:
1. Primordial prevention targets the whole population, while primary prevention targets susceptible individuals.
2. Primary prevention involves health promotion, while primordial prevention does not.
3. Primordial prevention aims to prevent the emergence of risk factors, while primary prevention aims to prevent disease onset in the presence of risk factors.
4. Banning smoking in public places is primordial; a smoking cessation clinic is primary.
5. Both levels of prevention are applied after the disease has already developed.

Which of the above statement(s) is/are correct?
(A) 1, 2, and 5 only
(B) 2, 4, and 5 only
(C) 1, 3, and 4 only
(D) 1, 3, and 5 only

108. The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) can impact public health by:
(A) Forcing countries to lower their sanitation standards.
(B) Mandating the use of specific medical technologies.
(C) Affecting the price and availability of essential medicines.
(D) Prohibiting the migration of health workers.

109. A key responsibility of the state towards the private health sector is:
(A) To provide direct funding for all their operational costs.
(B) To ensure they are not profitable.
(C) To take over the management of all private facilities.
(D) To regulate their activities to ensure quality of care and patient safety.

110. Match List I with List II regarding public health concepts and their core ideas.
List I: (Concept)
P. Social Medicine
Q. Globalisation
R. Natural History of Disease
S. Levels of Prevention
List II: (Core Idea)
1. Framework for intervention (Primordial, Primary, etc.)
2. Increased interconnectedness and its health impacts
3. Social and economic roots of health and illness
4. Progression of illness without medical intervention
(A) P-1, Q-3, R-2, S-4
(B) P-3, Q-2, R-4, S-1
(C) P-3, Q-4, R-2, S-1
(D) P-2, Q-1, R-4, S-3

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111. The historical shift from a focus on social medicine to community health signifies:
(A) A move away from considering social factors.
(B) A greater emphasis on applied, action-oriented health programs within defined populations.
(C) A return to a purely biomedical model.
(D) A focus solely on individual patient treatment.

112. The sanitary awakening in 19th-century England, spearheaded by figures like Edwin Chadwick, is a classic example of a public health milestone focused on:
(A) Vaccination
(B) Environmental determinants of health
(C) The role of social class in disease
(D) Genetic research

113. Which statement accurately reflects the principles of comprehensive health care?
(A) It requires a continuum of care that is both accessible and affordable.
(B) It prioritizes curative care over preventive care.
(C) It is a static model that does not adapt to changing community needs.
(D) It is exclusively provided by the public sector.

114. Arrange the following focuses of public health efforts in chronological order as they emerged in many Western countries:
1. Management of chronic diseases and aging populations.
2. Control of major infectious disease epidemics.
3. Improvements in environmental sanitation and housing.
4. Development of health systems and primary health care.

Select the correct sequence:
(A) 3, 2, 4, 1
(B) 2, 3, 1, 4
(C) 1, 2, 3, 4
(D) 3, 4, 2, 1

115. A high level of social development in a community is most likely to be correlated with:
(A) Low levels of literacy and high unemployment.
(B) Widespread political instability and conflict.
(C) Poor access to basic amenities like clean water.
(D) Strong social cohesion and high levels of public trust.

116. Which of the following is NOT a determinant of health?
(A) Health services
(B) Socio-economic status
(C) A person's height
(D) Environment

117. Consider the following statements about health indicators:
1. They are required to be universally applicable without any modification.
2. They should be sensitive to changes in the situation concerned.
3. They must be valid and reliable.
4. They provide a direct and complete measure of a community's health.

Which of the above statement(s) is/are correct?
(A) 1 and 4 only
(B) 2 and 3 only
(C) 1, 2 and 3 only
(D) 2, 3 and 4 only

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118. The "tip of the iceberg" in the iceberg phenomenon of disease represents:
(A) The hidden mass of subclinical and undiagnosed cases.
(B) The population that is not at risk for the disease.
(C) The individuals who have recovered from the disease.
(D) The clinical cases that are apparent and seek medical care.

119. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : Community participation is considered essential for the success and sustainability of health programs.
Reason (R) : When the community is involved in planning and decision-making, programs are more likely to be culturally appropriate, accepted, and utilized.
(A) Both A and R are true and R is the correct

explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

120. What is the most significant difference between the concept of health in the early 20th century and the current WHO definition?
(A) The early concept focused on social well-being, while the current one does not.
(B) There is no significant difference; the concepts are identical.
(C) The early concept was biomedical (absence of disease), while the current one is holistic (physical, mental, social).
(D) The early concept included a spiritual dimension, which is now excluded.

121. Which of the following is a socio-economic indicator of health?
(A) Housing availability per capita
(B) Case fatality rate
(C) Prevalence of malaria
(D) Number of hospital beds

122. The "epidemiological triad" or "triangle" of disease causation involves the interaction of:
(A) Prevention, Cure, and Rehabilitation
(B) State, Community, and Private Sector
(C) Social, Mental, and Physical health
(D) Agent, Host, and Environment

123. The phase of pathogenesis is characterized by:
(A) The absence of any disease agent.
(B) The interaction between the disease agent and the human host.
(C) The application of primordial prevention.
(D) A state of complete physical and mental well-being.

124. Match List I with List II regarding health concepts and their key features.
List I: (Health Concept)
P. Health for All
Q. Social Determinants
R. Comprehensive Care
S. Community Health
List II: (Key Feature)
1. Conditions in which people are born, grow, live, work and age
2. Goal set at Alma-Ata conference
3. Health of a geographically defined population group
4. Integration of preventive, curative and rehabilitative services
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-1, S-2
(D) P-2, Q-4, R-1, S-3

125. A government policy that increases taxes on tobacco products is an example of an intervention at which level of prevention?
(A) Secondary prevention
(B) Tertiary prevention
(C) Clinical prevention
(D) Primordial prevention

126. Globalisation facilitates the "nutrition transition," which is characterized by:
(A) A dietary shift towards higher consumption of fats, sugars, and processed foods.
(B) A shift towards traditional, locally grown diets.
(C) A widespread increase in physical activity.
(D) The eradication of micronutrient deficiencies worldwide.

127. Consider the following statements regarding the roles of different actors in health:
1. The state is the 'steward' of the health system, responsible for overall vision and governance.
2. The community's primary role is to pay taxes for health services without any participation.
3. The private sector often leads in innovation and introduction of new medical technologies.
4. A well-functioning health system often involves a dynamic interplay between the state, private sector, and community.
5. The private sector is exclusively made up of non-profit organizations.
Which of the above statement(s) is/are correct?
(A) 1, 2, and 3 only
(B) 1, 3, and 4 only
(C) 2, 4, and 5 only
(D) All of the above

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128. The idea that health and disease are not randomly distributed in a population but follow patterns influenced by social structure is central to:
(A) The germ theory of disease.
(B) Social medicine and social epidemiology.
(C) The concept of tertiary prevention.
(D) The role of the private sector in health.

129. A key contribution of 19th-century public health was the work of Ignaz Semmelweis, who demonstrated that handwashing could drastically reduce:
(A) Puerperal (childbed) fever
(B) Cholera outbreaks
(C) Smallpox transmission
(D) Tuberculosis infection rates

130. Which statement best defines the 'social' dimension of health?
(A) The ability of the body's organs to function optimally.
(B) The ability to think logically and concentrate.
(C) The ability to maintain harmonious relationships with other people and society.
(D) The personal values and ethics that guide one's life.

131. The "gradient in health" refers to the observation that:
(A) Health is better in urban areas than rural areas.
(B) Health deteriorates as a person ages.
(C) People living at higher altitudes have better health.
(D) Health status improves incrementally with each step up the socio-economic ladder.

132. Match List I with List II regarding public health figures and their major contributions.
List I: (Public Health Figure)
P. John Snow
Q. Edwin Chadwick
R. Robert Koch
S. Jonas Salk
List II: (Major Contribution)
1. Polio vaccine development
2. Identification of bacteria causing anthrax, TB, and cholera
3. Report on the Sanitary Condition of the Labouring Population
4. Epidemiological investigation of cholera in London
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-1, S-2
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-4, R-2, S-1

133. Which of the following is NOT an indicator of health and wellbeing?
(A) Human Development Index (HDI)
(B) Gross Domestic Product (GDP)
(C) Life Expectancy
(D) Disability-Adjusted Life Year (DALY)

134. Consider the following statements about health and wellbeing concepts:
1. The WHO definition of health from 1948 remains unchanged and is widely accepted as a goal.
2. "Wellbeing" is a broader concept than "health" and includes subjective life satisfaction.
3. Health indicators can be used for planning, monitoring and evaluation of health services.
4. A low infant mortality rate is considered an indicator of poor socio-economic development and health care.
5. The 'ecological concept' of health views health as a dynamic equilibrium between man and his environment.
Which of the above statement(s) is/are correct?
(A) 1, 2, 3 and 5 only
(B) 2, 3, 4 and 5 only
(C) 1, 3 and 4 only
(D) 1, 2 and 4 only

135. A person is exposed to tuberculosis bacilli, but their immune system controls the infection, leading to a latent TB infection without any symptoms. This entire process occurs within the:
(A) Pathogenesis phase
(B) Pre-pathogenesis phase
(C) Tertiary prevention phase
(D) Rehabilitation phase

136. Which level of prevention is most closely associated with the term "early diagnosis and prompt treatment"?
(A) Primordial

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(B) Primary
(C) Secondary
(D) Tertiary

137. Consider the following potential negative health impacts of globalisation:
1. Increased spread of infectious diseases.
2. "Brain drain" of healthcare professionals.
3. Marketing of unhealthy lifestyles and products.
4. Weakening of national health regulations by international trade agreements.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1, 2 and 3 only
(C) 3 and 4 only
(D) All of the above

138. In the context of health systems, 'stewardship' refers to:
(A) The direct provision of clinical services by the state.
(B) The role of the community in managing local clinics.
(C) The private sector's investment in health infrastructure.
(D) The government's responsibility for the overall welfare of the population and the performance of the health system.

139. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : Improving social determinants such as education and housing is a long-term strategy for improving population health.
Reason (R) : The health benefits of improvements in social conditions often take years or even generations to become fully apparent.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

140. The shift in focus from patient to community and from cure to prevention is a hallmark of the evolution from clinical medicine to:
(A) Forensic medicine
(B) Palliative medicine
(C) Social and Community Medicine
(D) Sports medicine

141. The "Great Sanitary Awakening" of the mid-19th century was a direct response to:
(A) The discovery of the polio vaccine.
(B) The Alma-Ata Declaration.
(C) The global eradication of smallpox.
(D) The deplorable living conditions and high mortality rates in industrial cities.

142. Which of the following is the best description of the 'curative' component of comprehensive health care?
(A) Diagnosing and treating an illness like pneumonia.
(B) Providing health education on nutrition.
(C) Administering vaccines to children.
(D) Providing speech therapy to a stroke survivor.

143. The link between social development and health is bidirectional, meaning:
(A) Social development affects health, but health does not affect social development.
(B) Improved health can enhance social and economic development, and improved social development can lead to better health.
(C) Health affects social development, but social development does not affect health.
(D) The link between social development and health is purely coincidental.

144. Match List I with List II regarding levels of prevention and their modes of intervention.
List I: (Level of Prevention)
P. Primary Prevention
Q. Secondary Prevention
R. Tertiary Prevention
S. Primordial Prevention
List II: (Mode of Intervention)
1. Early detection (e.g., screening)
2. Rehabilitation
3. Health promotion and specific protection
4. Action on underlying determinants (e.g., policy)
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-1, R-2, S-4
(C) P-4, Q-2, R-1, S-3
(D) P-3, Q-4, R-2, S-1

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145. Which of the following is an example of an "environmental" determinant of health?
(A) Access to safe drinking water
(B) Age
(C) Smoking
(D) Health insurance status

146. What does the "Sullivan's Index" measure?
(A) The incidence of a specific disease.
(B) The ratio of doctors to population.
(C) Life expectancy free of disability.
(D) The rate of economic growth.

147. The "period of communicability" of a disease refers to the time during which:
(A) The host has been exposed but is not yet showing symptoms.
(B) The host is recovering from the illness.
(C) The disease is at its most severe clinical stage.
(D) The infected host is capable of transmitting the infectious agent to others.

148. The concept of "health equity" is most concerned with:
(A) Ensuring everyone has the exact same health status.
(B) Providing the same healthcare services to everyone, regardless of need.
(C) Eliminating health differences that are systematic, avoidable, and unjust.
(D) Focusing health resources exclusively on the wealthiest segment of the population.

149. Consider the following actions related to health systems:
1. Direct provision of services through public hospitals.
2. Regulation of private health providers.
3. Formulation of national health policies.
4. Financing of public health programs.

Which of the above actions fall under the responsibility of the State in health?
(A) 1 and 2 only
(B) 3 and 4 only
(C) 1, 2 and 3 only
(D) All of the above

150. With reference to health sector governance, consider the following statements:
Statement I : The private health sector in many countries is highly regulated by the state.
Statement II : The state has a responsibility to ensure that all health providers, public and private, adhere to certain standards of quality and ethics.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

151. Which of the following does NOT represent a milestone in public health history?
(A) The development of the first successful human heart transplant.
(B) The discovery of penicillin by Alexander Fleming.
(C) The Alma-Ata Declaration on Primary Health Care.
(D) The eradication of smallpox.

152. A core principle of comprehensive health care is the integration of services. This means:
(A) Services are provided in a fragmented and specialized manner.
(B) Only preventive services are offered.
(C) A patient's health journey is managed seamlessly across different levels of care (preventive, curative, etc.).
(D) All services are provided by a single doctor.

153. Improved female literacy and empowerment is a key goal of social development. What is a widely recognized effect of this on population health?
(A) An improvement in overall population health status.
(B) A decrease in life expectancy.
(C) A decrease in literacy rates.
(D) An increase in infant mortality.

154. Match List I with List II regarding health indicators and their examples.
List I: (Term)
P. Morbidity Indicator
Q. Mortality Indicator
R. Health Service Indicator
S. Social Indicator
List II: (Example)
1. Adult literacy rate
2. Bed-occupancy rate
3. Crude death rate
4. Prevalence of diabetes

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(A) P-4, Q-3, R-2, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-1, S-2
(D) P-3, Q-4, R-2, S-1

155. The "agent-host-environment" model is most useful for understanding the causes of:
(A) Social inequity
(B) Infectious diseases
(C) Genetic disorders
(D) Health policy failures

156. Which of the following is the best example of a secondary prevention activity?
(A) Fortifying salt with iodine to prevent goiter.
(B) Providing walking aids to a person with polio-induced paralysis.
(C) Performing a Pap smear to detect early-stage cervical cancer.
(D) Passing a law to mandate seatbelt use.

157. Consider the following characteristics of community participation in health:
1. It is a 'top-down' process dictated by health professionals.
2. It empowers individuals and groups to take control of their health.
3. It ensures that health programs are culturally and socially acceptable.
4. It is often described as a 'bottom-up' approach.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 2, 3 and 4 only
(C) 1, 3 and 4 only
(D) 1 and 4 only

158. Which concept of health is criticized for being idealistic and difficult to measure objectively?
(A) The WHO's holistic concept
(B) The biomedical concept
(C) The ecological concept
(D) The psychosocial concept

159. Arrange the following events in the history of public health in chronological order:
1. Publication of the Lalonde Report in Canada.
2. The Alma-Ata Conference on Primary Health Care.
3. Founding of the World Health Organization.
4. The Ottawa Charter for Health Promotion.

Select the correct sequence:
(A) 3, 1, 2, 4
(B) 1, 3, 2, 4
(C) 3, 2, 1, 4
(D) 2, 3, 4, 1

160. A 'risk factor' is defined as:
(A) A definitive cause of a disease.
(B) An attribute or exposure that is associated with an increased probability of a disease outcome.
(C) The final stage of an illness.
(D) A method of preventing disease.

161. The use of a referral system, where patients are first seen at a primary level and then referred to higher levels if needed, is a key feature of:
(A) An organized and comprehensive health care system.
(B) A fragmented health system.
(C) A purely privatized health system.
(D) A system focused only on emergency care.

162. The Lalonde Report (1974) from Canada was a milestone because it:
(A) First proposed the germ theory of disease.
(B) Declared the eradication of smallpox.
(C) Broadened the concept of health to include lifestyle, environment, and human biology, creating the 'health field concept'.
(D) Established the World Health Organization.

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163. The 'social' dimension of health is compromised when an individual:
(A) Suffers from a fractured leg.
(B) Cannot recall recent events.
(C) Lacks a sense of moral direction.
(D) Is unable to form and maintain relationships.

164. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : The private health sector plays a significant role in health service delivery in many countries.
Reason (R) : However, unregulated private sector growth can lead to inequities, escalating costs, and irrational use of technologies.
(A) Both A and R are true and R is the correct explanation of A.

(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

165. A city government invests in building public parks, improving street lighting, and creating safe bicycle lanes. According to the health field concept, which determinant of health is being primarily addressed?
(A) Human Biology
(B) Environment
(C) Health Care Organization
(D) Lifestyle

166. Which of the following is the most appropriate indicator to compare the risk of death between two countries with different age structures?
(A) Crude Death Rate
(B) Case Fatality Rate
(C) Proportional Mortality Rate
(D) Age-Standardized Death Rate

167. Consider the following statements about the levels of prevention:
1. Tertiary prevention aims to restore function and minimize suffering after a disease has caused damage.
2. Screening for a disease is a classic example of primary prevention.
3. The mode of intervention for primary prevention is "health promotion and specific protection."
4. All levels of prevention are exclusively the responsibility of doctors in a hospital.
5. Primordial prevention operates at the most macro level, often through policy and legislation.

Which of the above statement(s) is/are correct?
(A) 1, 3, and 5 only
(B) 2, 3, and 4 only
(C) 1, 2, and 5 only
(D) All of the above

168. What is a key challenge that globalisation poses to national health systems?
(A) It reduces the amount of available medical information.
(B) It isolates countries, preventing them from collaborating on health issues.
(C) It can subordinate national health priorities to international trade and economic policies.
(D) It eliminates the private sector from participating in health care.

169. Match List I with List II regarding historical events and their significance in public health.
List I: (Historical Event)
P. Bhore Committee Report
Q. Alma-Ata Conference
R. Shattuck Report
S. Ottawa Charter
List II: (Significance)
1. Health Promotion Framework
2. Blueprint for Public Health in USA
3. "Health for All" through Primary Health Care
4. Vision for Comprehensive Health Care in India
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-4, Q-2, R-3, S-1
(D) P-3, Q-4, R-1, S-2

170. The ultimate aim of community participation in health is:
(A) To reduce the workload of health professionals.
(B) To generate funds for the health ministry.
(C) To ensure compliance with government orders.
(D) To make the community self-reliant in health matters.

171. The philosophy of "Social Medicine" is best captured by which of the following statements?
(A) "The role of medicine is to cure disease, and nothing more."
(B) "Social and economic conditions have a profound impact on health and disease."
(C) "All diseases are caused by specific, identifiable microorganisms."
(D) "The best health system is one that is fully privatized."

172. Which of the following is NOT a core principle of Primary Health Care as defined at Alma-Ata?
(A) Equitable distribution
(B) Community participation
(C) Reliance on high-cost, specialized technology
(D) Inter-sectoral coordination

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173. The concept of "social development" is broader than "economic development" because it includes:
(A) Only the per capita income of a nation.
(B) The total value of goods and services produced.
(C) Only the growth of the industrial sector.
(D) Improvements in human capabilities, social justice, and quality of life.

174. Consider the following statements about the determinants of health:
1. They are a set of interconnected factors that influence health status.
2. Genetic makeup is a determinant that cannot be modified.
3. The 'social gradient' in health is a key finding related to socio-economic determinants.
4. Health behaviors are solely a matter of individual free choice, uninfluenced by other determinants.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1, 2 and 3 only
(C) 3 and 4 only
(D) All of the above

175. Which of the following is an example of a "positive" health indicator?
(A) Prevalence of disability
(B) Life expectancy at birth
(C) Crude death rate
(D) Incidence of measles

176. Match List I with List II regarding dimensions of health and their attributes.
List I: (Dimension of Health)
P. Physical
Q. Mental
R. Social
S. Spiritual
List II: (Attribute)
1. Ability to reason and think clearly
2. Harmonious relationship with others
3. Integrity, principles, and ethics
4. Soundness of body and its organs
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-4, Q-1, R-2, S-3
(D) P-2, Q-1, R-4, S-3

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177. Consider the following examples of levels of prevention:
1. Primary: Wearing a seatbelt.
2. Secondary: A blood pressure screening clinic.
3. Tertiary: Vocational rehabilitation for an injured worker.
4. Primordial: Media campaigns against starting to smoke.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1, 2 and 3 only
(C) 3 and 4 only
(D) All of the above

178. A potential benefit of globalisation for health in developing countries is:
(A) An increase in the price of essential drugs.
(B) A decrease in foreign aid for health.
(C) Access to medical technology and knowledge from developed countries.
(D) The promotion of unhealthy dietary habits.

179. Consider the following statements regarding roles in the health sector:
1. The State's role includes regulation, financing, and policy-making.
2. The private sector is often more responsive to patient demands and can be more efficient.
3. Community participation helps in resource mobilization and ensuring accountability.
4. An ideal health system has only one sector (e.g., only State or only Private).
5. Non-governmental organizations (NGOs) often fill gaps left by the public and private for-profit sectors.

Which of the above statement(s) is/are correct?
(A) 1, 2, 3 and 5 only
(B) 2, 3, 4 and 5 only
(C) 1, 2 and 4 only
(D) 1, 3 and 4 only

180. A 'carrier' in epidemiology is an individual who:
(A) Is currently sick with the disease.
(B) Is immune to the disease.
(C) Harbors the infectious agent without showing clinical signs of the disease but can transmit it.
(D) Has fully recovered from the disease.

181. With reference to the Bhore Committee report, consider the following statements:
Statement I : The concept of Comprehensive Health Care was a key recommendation of the Bhore Committee in India.
Statement II : This concept focuses narrowly on providing only hospital-based curative treatments.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

182. Which of the following would be the best measure to assess the burden of chronic diseases in a population, as it accounts for both mortality and morbidity?
(A) Crude Death Rate
(B) Incidence Rate
(C) Case Fatality Rate
(D) Disability-Adjusted Life Year (DALY)

183. The "demographic transition" is characterized by a shift from:
(A) High birth and high death rates to low birth and low death rates.
(B) Low birth and low death rates to high birth and high death rates.
(C) A younger population to an older population.
(D) A rural population to an urban population.

184. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : Secondary prevention aims to halt the progress of a disease.
Reason (R) : It achieves this by applying interventions as early as possible in the pathogenesis phase, often through screening and early case finding.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

185. The concept of "medical tourism," where patients travel across borders for health care, is a direct manifestation of:
(A) The impact of globalisation on health services.
(B) The failure of social development.
(C) The natural history of disease.
(D) The principles of tertiary prevention.

186. Which of the following is a primary responsibility of the 'community' in the community health model?
(A) Manufacturing complex pharmaceuticals.
(B) Regulating international drug patents.
(C) Performing advanced cardiac surgery.
(D) Identifying its own health needs and priorities.

187. Identify the INCORRECT statement from the following.
(A) Social development is linked to health outcomes like life expectancy and infant mortality.
(B) The WHO definition of health is purely biomedical.
(C) The natural history of disease can be altered by preventive and therapeutic interventions.
(D) Globalisation has both positive and negative impacts on health.

188. Which of the following is a key characteristic of the private sector in health care?
(A) It is always non-profit.
(B) It operates under the direct command of the state.
(C) It is diverse, ranging from solo practitioners to large corporate hospitals.
(D) Its primary goal is always to achieve health equity.

189. Match List I with List II regarding medicine and public health fields.
List I: (Term)
P. Social Medicine
Q. Community Health
R. Public Health
S. Clinical Medicine
List II: (Focus Area)
1. Organized community efforts for health
2. Individual patient diagnosis and treatment
3. Health of a defined population group with their participation
4. Social, economic, and political causes of disease
(A) P-1, Q-2, R-4, S-3

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(B) P-4, Q-3, R-1, S-2
(C) P-4, Q-1, R-3, S-2
(D) P-2, Q-3, R-1, S-4

190. A key contribution of 19th-century public health was the understanding that diseases like cholera and typhoid were primarily spread through:
(A) Contaminated water and poor sanitation.
(B) Genetic inheritance.
(C) Mosquito bites.
(D) Unhealthy lifestyles.

191. Providing services that span from health promotion to rehabilitation is the essence of:
(A) Globalisation
(B) Comprehensive Health Care
(C) Social Development
(D) The private sector

192. A strong correlation between a nation's per capita GDP and its average life expectancy is evidence of the link between:
(A) The natural history of disease and levels of prevention.
(B) Social/economic development and health.
(C) The state and the private sector.
(D) The dimensions of health.

193. Which of the following is the most appropriate description of the 'Spiritual' dimension of health?
(A) Having a sense of purpose and meaning in life.
(B) The ability of the body's organs to function optimally.
(C) The ability to maintain harmonious relationships with other people and society.
(D) The ability to think logically and concentrate.

194. Consider the following statements about the determinants of health:
1. The Lalonde Report categorized them into four fields: biology, environment, lifestyle, and health care organization.
2. They operate in isolation and do not influence each other.
3. Socio-economic status is one of the most powerful determinants of health.
4. Addressing these determinants often requires inter-sectoral action.

Which of the above statement(s) is/are correct?
(A) 1, 2 and 3 only
(B) 1, 3 and 4 only
(C) 2 and 4 only
(D) All of the above

195. Which indicator is a measure of the risk of dying from a disease once it has been contracted?
(A) Incidence Rate
(B) Prevalence Rate
(C) Crude Death Rate
(D) Case-Fatality Rate

196. The 'pre-symptomatic' stage of a disease is part of the:
(A) Pre-pathogenesis phase
(B) Recovery phase
(C) Pathogenesis phase
(D) Primordial prevention phase

197. An occupational therapist helping a stroke patient relearn how to perform daily activities is providing:
(A) Secondary prevention
(B) Tertiary prevention
(C) Primary prevention
(D) Primordial prevention

198. The "homogenization" of culture, including dietary habits, due to global media and marketing is an impact of:
(A) Social development
(B) Community participation
(C) The state health sector
(D) Globalisation

199. Consider the following roles assigned to the three main actors in health:
1. State: Overall stewardship and regulation.
2. Community: Active participation and ownership.
3. Private Sector: Service provision and innovation.
4. State: Sole provider of all clinical services.
5. Community: Passive recipient of services.

Which of the above statement(s) is/are correct?
(A) 1, 2, and 3 only
(B) 1, 4, and 5 only
(C) 2, 3, and 5 only
(D) 1, 2, and 4 only

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200. The concept that politics is "medicine on a large scale" is attributed to:
(A) John Snow
(B) Louis Pasteur
(C) Rudolf Virchow
(D) Joseph Lister

201. The eradication of smallpox, a major public health milestone, was officially declared by the WHO in:
(A) 1980
(B) 1960
(C) 1970
(D) 1990

202. A health care system is considered "comprehensive" only if it:
(A) Is run exclusively by the government.
(B) Uses only the most advanced and expensive technologies.
(C) Is entirely free of cost for all citizens.
(D) Addresses the full spectrum of health needs, from prevention to rehabilitation.

203. Which of the following best illustrates the impact of social development on health?
(A) The invention of a new antibiotic.
(B) A government program to improve female education leading to lower child mortality.
(C) The construction of a new private hospital.
(D) An individual's decision to start exercising.

204. Arrange the typical progression in the natural history of an acute infectious disease in chronological order:
1. Onset of signs and symptoms.
2. Entry of organism into the body.
3. Outcome (e.g., recovery or death).
4. Subclinical pathological changes.

Select the correct sequence:
(A) 1, 2, 4, 3
(B) 2, 1, 4, 3
(C) 2, 4, 1, 3
(D) 4, 2, 1, 3

205. Which of the following is NOT a core determinant of health?
(A) Biological factors
(B) Behavioral factors
(C) Socio-economic factors
(D) Astrological sign

206. A health survey finds that 15% of the adult population in a town have hypertension on a given day. This 15% represents the:
(A) Point prevalence
(B) Incidence rate
(C) Case fatality rate
(D) Attack rate

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207. In a village, a local women's group (Mahila Mandal) successfully campaigns for the installation of handpumps to provide safe drinking water. This action is a prime example of:
(A) State-led health intervention
(B) Community participation for health
(C) Private sector investment
(D) The negative impact of globalisation

208. The final phase of the natural history of a disease is:
(A) The incubation period
(B) The outcome, which could be recovery, disability, or death
(C) The pre-pathogenesis phase
(D) The point of exposure

209. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R):
Assertion (A) : The private sector can bring efficiency and innovation to the health system.
Reason (R) : The state should therefore withdraw completely from the health sector and allow it to be fully privatized.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

210. Specific protection, such as the use of a vaccine, is a strategy employed in:
(A) Secondary prevention
(B) Tertiary prevention
(C) Primary prevention
(D) Pathological prevention

211. The spread of "Western" fast-food chains to developing countries and its impact on local

dietary patterns is a health-related consequence of:
(A) Social development
(B) Community participation
(C) Natural history of disease
(D) Globalisation

212. The most fundamental responsibility of the state in the realm of health is to:
(A) Ensure the profitability of private hospitals.
(B) Directly manage every health clinic in the country.
(C) Protect and promote the health of its population.
(D) Market pharmaceutical products.

213. With reference to the principles of community health, consider the following statements:
Statement I : Community participation means that health professionals tell the community what to do.
Statement II : A key principle of community health is the empowerment of the community to take charge of its own health.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

214. Match List I with List II regarding public health concepts and their associated ideas.
List I: (Public Health Concept)
P. Primordial Prevention
Q. Social Gradient
R. Brain Drain
S. Comprehensive Care
List II: (Associated Idea)
1. Migration of health workers
2. Continuum of care (preventive to rehabilitative)
3. Prevention of the emergence of risk factors
4. Health status improves with socio-economic status
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-4, Q-3, R-2, S-1
(D) P-3, Q-1, R-4, S-2

215. The transition in public health from a "medical era" to a "post-medical era" reflects:
(A) A growing recognition of the importance of social, economic, and environmental determinants of health.
(B) A belief that medicine no longer has any role to play in health.
(C) A shift back to focusing only on infectious diseases.
(D) The complete privatization of all health services.

216. The Primary Health Care (PHC) approach, as articulated in the Alma-Ata Declaration, is fundamentally about:
(A) Building more tertiary care hospitals.
(B) Focusing health care only on the wealthiest citizens.
(C) Making health care accessible, affordable, and acceptable to the community.
(D) Promoting the use of expensive, imported medical technology.

217. A country's success in reducing its maternal mortality ratio is a strong indicator of:
(A) The quality of its health system and the status of its social development.
(B) Its military strength.
(C) The number of private clinics it has.
(D) The impact of globalisation on its economy.

218. The "vocational" dimension is sometimes included as a dimension of health. What does it refer to?
(A) The ability to find a job with a high salary.
(B) The ability to retire early.
(C) The physical demands of a person's job.
(D) The ability to find satisfaction and enrichment from one's work.

219. Consider the following statements about determinants of health:
1. The four main categories are often cited as human biology, environment, lifestyle, and health care organization.
2. Behavioral determinants are completely independent of social and economic conditions.
3. Environmental determinants include the physical, biological, and social environment.
4. Genetic predisposition is a key biological determinant of health.
Which of the above statement(s) is/are correct?
(A) 1 and 2 only

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(B) 3 and 4 only
(C) 1, 3 and 4 only
(D) All of the above

220. The "DALY" combines mortality and morbidity into a single metric by summing:
(A) Incidence and prevalence rates.
(B) Crude death rate and infant mortality rate.
(C) Years of Life Lost (YLL) and Years Lived with Disability (YLD).
(D) Hospital admission rates and length of stay.

221. The "iceberg phenomenon" implies that for many diseases, the number of known cases is:
(A) Equal to the number of unknown or subclinical cases.
(B) Greater than the number of unknown or subclinical cases.
(C) The only true measure of the disease burden.
(D) Only a small fraction of the total number of cases in the community.

222. Fortification of flour with folic acid to prevent neural tube defects is an example of:
(A) Primary prevention
(B) Tertiary prevention
(C) Secondary prevention
(D) Case finding

223. The state's function of ensuring that doctors are properly licensed and hospitals meet safety standards is an example of its _____ role.
(A) Financing
(B) Regulatory
(C) Provision
(D) Palliative

224. Consider the following potential positive impacts of globalisation on health:
1. Faster sharing of information about disease outbreaks.
2. Increased access to a wider range of medical technologies.
3. Collaboration between researchers across the globe.
4. The establishment of global health initiatives and funds.
5. Reduction in the "brain drain" of health professionals.

Which of the above statement(s) is/are correct?
(A) 1, 2 and 5 only
(B) 1, 2, 3 and 4 only
(C) 3, 4 and 5 only
(D) All of the above

225. The historical roots of "Community Health" lie in the organized efforts to improve health at the local level, particularly focusing on:
(A) Maternal and child health.
(B) Geriatric care.
(C) Cancer treatment.
(D) Organ transplantation.

226. A public health system that aims to provide care "from womb to tomb" embodies the principle of:
(A) Globalisation
(B) Privatisation
(C) Comprehensive Health Care
(D) Social stratification

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227. The concept of "health inequity" differs from "health inequality" in that inequity implies:
(A) The difference is unavoidable and biologically determined.
(B) The difference is random and unpredictable.
(C) The difference is temporary and will resolve on its own.
(D) The difference is systematic, socially produced, and unfair.

228. Which of the following is NOT a dimension of health?
(A) Social
(B) Mental
(C) Political
(D) Physical

229. A person's diet, physical activity, and smoking habits are classified under which determinant of health?
(A) Health care system
(B) Lifestyle
(C) Human biology
(D) Environment

230. Which of the following is a negative health indicator?
(A) Life expectancy
(B) Literacy rate
(C) Nutritional status
(D) Years of potential life lost

231. An intervention that takes place during the pathogenesis phase of a disease to limit its severity is:
(A) Secondary or Tertiary prevention
(B) Primordial prevention
(C) Primary prevention
(D) Health promotion

232. The establishment of global standards for disease surveillance by the WHO is an example of a health-related impact of:
(A) Community participation
(B) The private sector
(C) Globalisation
(D) Social medicine

233. The role of the community in health care is most emphasized in which of the following approaches?
(A) The Primary Health Care (PHC) approach
(B) The biomedical model
(C) The tertiary care model
(D) The market-driven health care model

234. Which of the following is an example of the State fulfilling its role in health financing?
(A) A doctor diagnosing a patient.
(B) A community organizing a sanitation drive.
(C) A private company selling health insurance.
(D) The government allocating a budget for the national immunization program.

235. The term "public health" is best defined as:
(A) The health of individual public figures.
(B) The science and art of preventing disease, prolonging life, and promoting health through organized society.
(C) A system of government-owned hospitals.
(D) The practice of medicine in public, open-air settings.

236. The principle of 'inter-sectoral coordination' in comprehensive health care means:
(A) All doctors must coordinate with each other.
(B) The public sector must coordinate with the private sector.
(C) The health sector must work with sectors like education, sanitation, and agriculture.
(D) Different specialties within a hospital must work together.

237. With reference to social determinants of health, consider the following statements:
Statement I : Social development and health are unrelated concepts.
Statement II : Improvements in education, income, and gender equity are known to have a positive impact on population health status.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

238. The most widely accepted model of disease causation in modern public health is the:
(A) Multifactorial causation theory
(B) Supernatural theory
(C) Germ theory
(D) Theory of humors

239. The 'attack rate' is a variant of which type of measure?
(A) Case fatality rate, used to measure virulence.
(B) Incidence rate, used in epidemic investigations.
(C) Prevalence rate, used for chronic diseases.
(D) Mortality rate, used to measure deaths.

240. The agent-host-environment triad is a model used to understand the _____ of a disease.
(A) Natural history
(B) Causation
(C) Prevention levels
(D) Dimensions

241. Health education is a key tool in which level(s) of prevention?
(A) All levels of prevention
(B) Primary prevention only
(C) Secondary prevention only
(D) Tertiary prevention only

242. The increasing influence of multinational corporations on food supply and health policies is a direct consequence of:
(A) Community empowerment
(B) Social development
(C) Globalisation
(D) The natural history of disease

243. Consider the following entities within a health system:

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1. State
2. Private Sector
3. Community

A well-functioning partnership between these three is crucial for achieving which of the following?

(A) The goals of comprehensive health care.
(B) The complete elimination of the private sector.
(C) The dominance of the State in all matters.
(D) The spread of infectious diseases.

244. Identify the INCORRECT pair.
(A) Primary Prevention - Health Promotion
(B) Secondary Prevention - Early Diagnosis
(C) Primordial Prevention - Treatment of existing cases
(D) Tertiary Prevention - Disability Limitation

245. The concept of "Social Medicine" originated primarily in:
(A) 20th Century America
(B) 19th Century Europe
(C) Ancient Greece
(D) Post-colonial India

246. A "sentinel surveillance" system in public health is designed to:
(A) Count every single case of a disease.
(B) Provide comprehensive health care to the entire population.
(C) Regulate the private health sector.
(D) Monitor trends and detect outbreaks by collecting data from selected sites.

247. The "wellness" movement is an extension of the concept of health that emphasizes:
(A) Active pursuit of activities, choices, and lifestyles leading to holistic health.
(B) The clinical treatment of acute illness.
(C) The heavy reliance on medication for all ailments.
(D) The complete avoidance of all environmental risk.

248. Which of the following represents a challenge for the state's role in health?
(A) Decreasing population.
(B) A lack of diseases to manage.
(C) Balancing health equity with rising healthcare costs and private sector interests.
(D) Too much community participation.

249. The ultimate goal of all public health, social medicine, and community health activities is to:
(A) Improve the health and wellbeing of the population.
(B) Ensure high profitability for pharmaceutical companies.
(C) Employ the maximum number of health workers.
(D) Build the maximum number of specialty hospitals.

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250. In epidemiology, assuming a stable population and a low disease prevalence, the relationship between Prevalence (P), Incidence (I), and Average Duration of the disease (D) is expressed as:
(A) $I = P \times D$
(B) $P = I / D$
(C) $P = I \times D$
(D) $D = P \times I$

Direction : Please read the following source carefully.

The evolution of social medicine and community health represents a significant paradigm shift from the purely biomedical model, which traditionally focused on the diagnosis and treatment of disease at an individual level. Social medicine, emerging in the 19th century, introduced the radical concept that social and economic conditions have a profound impact on health and disease. It argues that factors such as poverty, housing, nutrition, and working conditions are fundamental determinants of population health and must be addressed to achieve meaningful health improvements. This perspective moves beyond the clinic and into the community, analyzing the social etiology of disease. Community health, a related but distinct field, builds upon this foundation by emphasizing the active participation of the community itself in identifying its health needs and implementing solutions. It is a collaborative enterprise where health professionals work alongside community members, empowering them to take ownership of their health. This approach contrasts sharply with top-down models of healthcare delivery, promoting a democratic and localized process for health planning and action. The integration of

social medicine principles with community health practices forms the bedrock of modern public health, which recognizes that health is a social and political concern, not merely a medical one.
Based on the above source, attempt the following five questions.

251. What is the primary distinction between the biomedical model and the approach of social medicine?
(A) The biomedical model focuses on community-wide interventions, whereas social medicine concentrates on individual patient care.
(B) The biomedical model centers on individual diagnosis and treatment, whereas social medicine considers the impact of socio-economic conditions on health.
(C) The biomedical model prioritizes the social etiology of disease, whereas social medicine emphasizes clinical diagnostics.
(D) The biomedical model is concerned with preventative care, whereas social medicine is focused exclusively on curative treatments.

252. According to the passage, what is the core principle that defines community health?
(A) The active involvement and empowerment of the community in its own health matters.
(B) The exclusive delivery of health services by highly trained medical professionals.
(C) The implementation of health programs designed solely by government agencies.
(D) The primary focus on hospital-based care over preventative measures.

253. The concept of "social etiology of disease" as mentioned in the passage refers to:
(A) The study of disease-causing microorganisms in a social setting.
(B) The documentation of historical disease patterns within a community.
(C) The analysis of how social and economic factors contribute to the causation of disease.
(D) The genetic predisposition of a community to certain illnesses.

254. How does the community health approach differ from a "top-down" model of healthcare?
(A) It relies on international health organizations to set local health agendas.
(B) It centralizes decision-making within a single national health authority.
(C) It prioritizes the financial aspects of healthcare over health outcomes.
(D) It promotes a collaborative and localized process involving community members.

255. Based on the passage, what can be inferred about the relationship between social medicine and community health?
(A) They are conflicting ideologies with opposing goals for healthcare.
(B) Social medicine is a modern branch of community health that focuses on technology.
(C) Community health is a practical application that builds upon the theoretical principles of social medicine.
(D) Community health is an older concept that was later replaced by social medicine.

Direction : Please read the following source carefully.

The history of public health is marked by a series of transformative milestones that have fundamentally reshaped its scope and practice. Early public health initiatives, particularly in the 19th century, were largely reactive, driven by the need to control infectious disease outbreaks in burgeoning urban centers. The sanitary movement, a cornerstone of this era, focused on environmental improvements such as ensuring clean water supplies, establishing sewage disposal systems, and improving housing conditions. This was a direct response to the understanding that filth and disease were linked, even before the specific mechanisms were fully understood. The subsequent discovery of the germ theory of disease provided a scientific foundation for public health, leading to targeted interventions like vaccination, pasteurization, and quarantine. This era solidified the role of the state in protecting public health through regulation and infrastructure. Over time, public health has evolved from this narrow focus on communicable disease control to a much broader agenda. Modern public health encompasses chronic disease prevention, mental health promotion, occupational safety, and addressing health inequities. The transition has been from a 'disease-focused' model to a 'health-

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focused' model, emphasizing proactive health promotion and the creation of social and physical environments that support well-being for the entire population.

Based on the above source, attempt the following five questions.

256. What was the primary driver of early public health initiatives in the 19th century?
(A) The prevention of chronic diseases like heart disease and diabetes.
(B) The need to control infectious disease outbreaks in growing cities.
(C) The promotion of mental health and well-being.
(D) The development of advanced surgical techniques.

257. The sanitary movement primarily focused on which of the following?
(A) Developing new vaccines and antibiotics.
(B) Providing psychological counseling to urban populations.
(C) Establishing a national health insurance system.
(D) Improving environmental factors like water and sanitation.

258. According to the passage, what was the significance of the germ theory's discovery for public health?
(A) It provided a scientific basis for targeted interventions against infectious diseases.
(B) It shifted the focus of public health towards chronic disease management.
(C) It proved that environmental factors were irrelevant to the spread of disease.
(D) It led to the closure of public health departments in favor of private clinics.

259. The passage describes the evolution of public health as a transition from:
(A) A health-focused model to a disease-focused model.
(B) A focus on rural health to a focus on urban health.
(C) A disease-focused model to a health-focused model.
(D) A state-led system to a privately-run system.

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260. What can be inferred about the role of the state in public health based on the passage?
(A) The state's role was solidified through regulation and infrastructure development.
(B) The state's role has diminished with the rise of the germ theory.
(C) The state's role is limited to providing information but not direct intervention.
(D) The state's role is exclusively focused on mental health promotion.

Direction : Please read the following source carefully.

Comprehensive health care represents a holistic and integrated approach to health, moving beyond the traditional, fragmented, and often disease-oriented model. Its philosophy is rooted in the principle that health care should be accessible, affordable, and continuous, addressing the full spectrum of a person's health needs throughout their life. This model integrates promotive, preventive, curative, and rehabilitative services into a seamless continuum of care. Instead of focusing solely on treating illness when it arises (curative care), comprehensive care places significant emphasis on proactive measures. Promotive activities aim to enhance well-being, while preventive services, such as immunizations and screenings, seek to avert disease altogether. When illness does occur, curative services are provided, but they are followed by rehabilitative care designed to help individuals regain optimal function and quality of life. A key characteristic of this approach is its patient-centeredness, ensuring that care is coordinated across different levels and providers, from primary health centers to specialized hospitals. This integration prevents duplication of services, improves efficiency, and leads to better health outcomes by treating the whole person within their family and community context, rather than just treating a single disease or symptom in isolation.

Based on the above source, attempt the following five questions.

261. Which of the following best describes the core philosophy of comprehensive health care?
(A) A focus solely on emergency and surgical interventions in specialized hospitals.
(B) A fragmented system where patients navigate different services independently.

(C) A model that prioritizes curative treatment over any form of prevention.
(D) An integrated approach addressing the full spectrum of health needs throughout life.

262. The continuum of care in a comprehensive health care model includes which set of services?
(A) Curative, surgical, diagnostic, and financial services.
(B) Promotive, preventive, curative, and rehabilitative services.
(C) Administrative, logistical, curative, and palliative services.
(D) Experimental, alternative, traditional, and spiritual services.

263. What is the primary goal of rehabilitative services within the comprehensive care framework?
(A) To prevent the initial occurrence of a disease.
(B) To diagnose an illness at its earliest possible stage.
(C) To help individuals regain optimal function after an illness.
(D) To provide immediate treatment for an acute health condition.

264. According to the passage, a significant emphasis of comprehensive care, distinct from traditional models, is on:
(A) The development of highly specialized and expensive medical technologies.
(B) The separation of primary care from hospital-based services.
(C) A provider-centered approach where the physician makes all decisions.
(D) Proactive measures such as health promotion and disease prevention.

265. What is an implied benefit of the patient-centered and integrated nature of comprehensive health care?
(A) Improved efficiency and better health outcomes through coordinated care.
(B) Increased competition among healthcare providers leading to lower costs.
(C) Reduction in the need for primary health centers.
(D) Greater reliance on self-medication by patients.

Direction : Please read the following source carefully.

The relationship between social development and health is intrinsically linked and bidirectional, where progress in one domain often catalyzes advancement in the other. Social development, broadly defined, encompasses improvements in education, living standards, gender equality, social cohesion, and political stability. These factors serve as foundational pillars for a healthy population. For instance, increased levels of education, particularly for women, are strongly correlated with better health outcomes, including lower infant mortality rates and improved child nutrition. Educated individuals are more likely to adopt healthy behaviours, utilize preventive health services, and have the economic means to access quality care. Similarly, economic prosperity resulting from development can fund robust public health infrastructure, sanitation systems, and social safety nets, directly impacting the health of the community. Conversely, poor health can severely impede social and economic development. A population burdened by disease experiences reduced productivity, increased healthcare expenditures, and diminished capacity for education. Children suffering from malnutrition or recurrent infections may face cognitive impairments, limiting their future potential. Therefore, health is not merely an outcome of development but is also a critical input for it. Investing in health is an investment in human capital, which is the engine of sustainable social and economic progress.

Based on the above source, attempt the following five questions.

266. What is the central argument of the passage regarding the relationship between social development and health?
(A) Social development is the sole determinant of health outcomes.
(B) Health and social development are in a mutually reinforcing, bidirectional relationship.
(C) Health improvements are a prerequisite for social development, but not vice versa.
(D) Social development and health are independent domains with no significant interaction.

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267. According to the passage, how does increased education for women typically impact health outcomes?
(A) It leads to a greater reliance on traditional medicine over modern healthcare.
(B) It is associated with lower infant mortality and better child nutrition.
(C) It has no significant correlation with child health indicators.
(D) It primarily increases healthcare expenditures without improving outcomes.

268. The passage suggests that poor health can impede social development primarily by:
(A) Reducing population productivity and diminishing educational capacity.
(B) Encouraging an increase in international aid for health projects.
(C) Promoting greater social cohesion through shared adversity.
(D) Leading to the development of more advanced medical technologies.

269. The statement "health is not merely an outcome of development but is also a critical input for it" implies that:
(A) Health should be addressed only after economic development is achieved.
(B) Social development initiatives have no real impact on the health of a population.
(C) Investing in health can be a strategic tool to drive social and economic progress.
(D) The economic costs of healthcare outweigh its benefits for development.

270. Which of the following is an example of how economic prosperity, as a component of social development, can directly improve public health?
(A) By decreasing the need for preventive health services.
(B) By promoting unhealthy lifestyles associated with affluence.
(C) By reducing the emphasis on gender equality in health access.
(D) By enabling the funding of sanitation systems and health infrastructure.

Direction : Please read the following source carefully.

Health is a multifaceted concept, extending far beyond the mere absence of disease. The dimensions of health encompass the physical, mental, and social aspects of human life, all of which are intricately interconnected. Physical health refers to the anatomical integrity and physiological functioning of the body, often measured by indicators of morbidity, mortality, and vital signs. Mental health involves not just the absence of mental disorders but also the ability to think clearly, cope with stress, and maintain emotional equilibrium. Social health relates to an individual's ability to form meaningful relationships and engage effectively with the community. These dimensions are influenced by a wide array of determinants of health, which can be conceptualized as layers of influence. These determinants include individual factors like age, sex, and genetic makeup, as well as lifestyle factors such as diet, physical activity, and substance use. Moving outward, social and community networks provide support systems that impact health. At a broader level, socio-economic, cultural, and environmental conditions, including access to education, employment, housing, and healthcare services, exert a powerful influence. Understanding these various dimensions and determinants is crucial for public health, as it allows for the development of comprehensive strategies that address the root causes of ill-health rather than just its symptoms.

Based on the above source, attempt the following five questions.

271. Which of the following best represents the dimensions of health as described in the passage?
(A) Diagnostic, therapeutic, and surgical.
(B) Genetic, environmental, and behavioral.
(C) Physical, mental, and social.
(D) Economic, political, and cultural.

272. According to the passage, the determinants of health can be understood as:
(A) A single, overriding factor that dictates health status.
(B) A series of layered influences ranging from individual to broad societal conditions.
(C) Factors exclusively related to an individual's genetic predispositions.
(D) The symptoms that arise from a particular disease or illness.

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273. Which of the following would be classified as a 'lifestyle factor' determinant of health?
(A) Access to healthcare services.
(B) An individual's age and sex.
(C) The quality of local housing.
(D) An individual's dietary habits.

274. The passage defines social health as the ability to:
(A) Form meaningful relationships and engage with the community.
(B) Achieve a high economic status within society.
(C) Conform to all societal norms and expectations.
(D) Avoid all forms of social interaction to prevent stress.

275. What is the primary reason given for why understanding the dimensions and determinants of health is crucial for public health?
(A) It helps in patenting new pharmaceutical drugs.
(B) It simplifies the process of disease diagnosis for clinicians.
(C) It enables the development of strategies that address the root causes of ill-health.
(D) It justifies a focus only on individual behavioral change.

Direction : Please read the following source carefully.

The concepts of health and wellbeing are central to modern public health, yet their measurement presents a significant challenge due to their multidimensional nature. Health is often conceptualized not just as the absence of infirmity, but as a state of complete physical, mental, and social wellbeing. While wellbeing is a broader, more subjective concept, encompassing life satisfaction, purpose, and happiness. To operationalize these concepts, a range of indicators are used. Traditional indicators of health have been largely negative, focusing on the presence of disease or death. These include mortality indicators like Crude Death Rate and Infant Mortality Rate, and morbidity indicators such as incidence and prevalence rates of specific diseases. While essential, these indicators provide an incomplete picture as they do not capture the positive aspects of health. Consequently, a shift towards positive health indicators has occurred. These include measures of quality of life, functional ability, and self-perceived health status. Composite indicators, such as the Human Development Index (HDI) and Quality of Life (QoL) indices, attempt to provide a more holistic assessment by combining data on health, education, and living standards. The selection of appropriate indicators is critical for monitoring population health, evaluating the effectiveness of interventions, and identifying health inequalities within and between populations.

Based on the above source, attempt the following five questions.

276. What is a key limitation of traditional health indicators like mortality and morbidity rates?
(A) They fail to capture the positive aspects of health and wellbeing.
(B) They are too complex to calculate accurately.
(C) They are only useful for measuring mental health disorders.
(D) They have been completely replaced by modern indicators.

277. Which of the following is an example of a 'negative' health indicator?
(A) Self-perceived health status.
(B) Life satisfaction score.
(C) Functional ability measurement.
(D) Incidence rate of a disease.

278. The passage describes 'wellbeing' as:
(A) A concept identical to the absence of physical disease.
(B) A broad and subjective concept including life satisfaction and happiness.
(C) A narrow medical term for physiological function.
(D) A purely objective measure of economic status.

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279. What is the purpose of composite indicators like the Human Development Index (HDI)?
(A) To measure only the prevalence of a single infectious disease.
(B) To focus exclusively on the economic prosperity of a nation.
(C) To provide a more holistic assessment by combining data from different domains.
(D) To replace the need for all other forms of

health measurement.

280. According to the passage, why is the selection of appropriate health indicators considered critical?
(A) Because they directly cure diseases within the population.
(B) Because they determine the budget allocation for the entire government.
(C) Because they are the only factor considered in international relations.
(D) Because they are essential for monitoring health, evaluating interventions, and identifying inequalities.

Direction : Please read the following source carefully.

The natural history of disease provides a foundational framework in public health for understanding how a disease process evolves over time in an individual, from its initial exposure to a causative agent to its eventual outcome, in the absence of any treatment or intervention. This progression is typically divided into two main periods: the pre-pathogenesis period and the pathogenesis period. The pre-pathogenesis period occurs before the onset of disease, where the individual is at risk. During this phase, various risk factors, which may be genetic, environmental, or behavioral, interact to create a state of susceptibility. This is the stage where primary prevention is most effective. The pathogenesis period begins with the successful invasion and multiplication of an agent in the host, marking the subclinical or inapparent phase of the disease. Although the pathological process has started, there are no discernible signs or symptoms. This is the stage where secondary prevention, through early detection and screening, is crucial. As the disease progresses, it crosses a "clinical horizon" and enters the clinical phase, where signs and symptoms become apparent, leading to a diagnosis. The disease process then culminates in one of several outcomes: recovery, disability, or death. Understanding this natural history is vital for identifying opportunities for prevention and control at various stages.

Based on the above source, attempt the following five questions.

281. What does the "natural history of disease" describe?
(A) The progression of a disease over time in an individual without intervention.
(B) The evolution of a disease in the presence of comprehensive medical treatment.
(C) The historical account of major pandemics throughout human history.
(D) The geographical distribution of a disease across different climates.

282. The pre-pathogenesis period is characterized by which of the following?
(A) The presence of clear clinical signs and symptoms of a disease.
(B) The interaction of risk factors creating susceptibility before disease onset.
(C) The period of recovery after a disease has run its course.
(D) The phase where the disease agent has invaded but not yet caused symptoms.

283. During which phase of the natural history of disease is secondary prevention most critical?
(A) The pre-pathogenesis period, before any exposure.
(B) The subclinical or inapparent phase, after the pathological process has started but before symptoms appear.
(C) The clinical phase, when symptoms are fully developed.
(D) The outcome phase, after recovery or disability is established.

284. What event marks the transition from the subclinical to the clinical phase of a disease?
(A) The appearance of discernible signs and symptoms.
(B) The initial exposure to a causative agent.
(C) The successful implementation of a primary prevention measure.
(D) The complete recovery of the individual.

285. The primary purpose of understanding the natural history of disease in public health is to:
(A) Develop more expensive and complex treatment options.
(B) Classify diseases based on their genetic origins only.
(C) Identify the most effective points for preventive interventions.

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(D) Document the final outcome of every disease for statistical records.

Direction : Please read the following source carefully.

In public health, the concept of levels of prevention provides a systematic approach to averting and managing disease. These levels—primary, secondary, and tertiary—correspond to different phases in the natural history of a disease and offer a framework for targeted health interventions. Primary prevention aims to prevent the initial occurrence of a disease or injury. It includes actions that eliminate or reduce exposure to risk factors. This can be achieved through health promotion activities, such as encouraging healthy diets and physical activity, and specific protection measures, like immunization and the use of seatbelts. The goal is to keep the disease process from starting. Secondary prevention focuses on halting or slowing the progression of a disease at its earliest stages. It involves early detection through screening procedures (e.g., mammography for breast cancer) and prompt treatment to prevent the development of more severe problems. This level of prevention is applied during the subclinical phase of a disease when it is asymptomatic. Tertiary prevention comes into play once a disease has become established and is clinically apparent. Its objective is to reduce the impact of the disease, minimize complications and disability, and improve the quality of life through rehabilitation and management strategies, such as physical therapy for stroke patients or patient education for diabetes management.

Based on the above source, attempt the following five questions.

286. Which of the following is the main objective of primary prevention?
(A) To detect a disease at its earliest possible stage.
(B) To reduce the complications of a well-established disease.
(C) To provide rehabilitative services to patients.
(D) To prevent the initial occurrence of a disease.

287. Immunization against an infectious disease is an example of which level of prevention?
(A) Secondary prevention
(B) Tertiary prevention
(C) Primary prevention
(D) Quaternary prevention

288. Secondary prevention interventions are most effective when applied during which phase of a disease?
(A) Before any exposure to risk factors has occurred.
(B) When the disease is in its subclinical, asymptomatic stage.
(C) After the disease has caused significant disability.
(D) During the final recovery phase of the illness.

289. Providing physical therapy to a patient who has had a stroke is a classic example of:
(A) Health promotion.
(B) Specific protection.
(C) Secondary prevention.
(D) Tertiary prevention.

290. What is a key difference between secondary and tertiary prevention?
(A) Secondary prevention aims for early detection, while tertiary prevention aims to reduce the impact of an established disease.
(B) Secondary prevention involves health promotion, while tertiary prevention focuses on immunization.
(C) Secondary prevention is for chronic diseases, while tertiary prevention is for infectious diseases.
(D) Secondary prevention is about eliminating risk factors, while tertiary prevention is about screening.

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Direction : Please read the following source carefully.

Globalisation, characterized by the increasing interconnectedness of economies, cultures, and populations, has a profound and multifaceted impact on health. This integration, facilitated by trade, travel, and information technology, creates both opportunities and challenges for public health. On one hand, globalisation can facilitate the rapid spread of health-related knowledge, best practices, and medical technologies across borders, potentially improving health outcomes worldwide. It can also foster international cooperation and

resource mobilization for tackling global health threats, such as pandemics or climate change. However, the same interconnectedness accelerates the transnational spread of infectious diseases, as demonstrated by various global outbreaks where pathogens cross continents within hours. Furthermore, economic globalisation can influence health determinants in complex ways. The global marketing of unhealthy products, such as tobacco and high-fat foods, can lead to a rise in non-communicable diseases in developing nations. Trade liberalization may also affect access to affordable medicines due to intellectual property rights agreements. Additionally, the 'brain drain' of health professionals, who migrate from lower-income to higher-income countries, can weaken already fragile health systems in their home nations, exacerbating health inequities on a global scale.

Based on the above source, attempt the following five questions.

291. Which of the following is presented as a positive impact of globalisation on health?
(A) The accelerated transnational spread of infectious diseases.
(B) The increased marketing of unhealthy products in developing nations.
(C) The facilitation of knowledge sharing and international cooperation.
(D) The weakening of health systems due to 'brain drain'.

292. According to the passage, how does globalisation contribute to the rise of non-communicable diseases?
(A) Through the global marketing of products like tobacco and high-fat foods.
(B) By restricting the movement of people across borders.
(C) By promoting traditional and healthy local diets.
(D) By ensuring equitable access to affordable medicines for all.

293. The term 'brain drain' in the context of global health refers to:
(A) The loss of intellectual property through online piracy.
(B) The decline in cognitive function due to globally marketed unhealthy foods.
(C) A rapid exchange of medical students between universities.
(D) The migration of health professionals from lower-income to higher-income countries.

294. Based on the passage, what is a primary negative health consequence of increased global travel and trade?
(A) The promotion of cultural understanding and tolerance.
(B) The rapid spread of infectious diseases across continents.
(C) The reduction of global health inequities.
(D) The strengthening of local health systems.

295. The passage implies that the overall impact of globalisation on health is:
(A) Uniformly positive, leading to better health for all.
(B) Exclusively negative, causing only problems for public health.
(C) Complex and dual-natured, presenting both opportunities and challenges.
(D) Irrelevant to the health outcomes of national populations.

Direction : Please read the following source carefully.

In the landscape of modern health systems, the roles and responsibilities for ensuring population health are distributed among the state, the community, and the private sector. The state, or government, traditionally holds the ultimate responsibility for the health of its citizens. This includes functions that cannot be effectively handled by other actors, such as setting health policy and regulations, ensuring environmental safety, financing health services through taxation or social insurance, and mounting responses to public health emergencies. The state acts as a steward, steering the overall health system and ensuring equitable access to care. The community's role is foundational to the principles of primary health care and community medicine. Active community participation involves engaging members in identifying local health needs, planning and managing health programs, and mobilizing local resources. This grassroots involvement ensures that services are culturally appropriate, responsive, and sustainable. The private sector, encompassing a diverse range of for-profit and not-for-profit

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entities, is a significant provider of health services, pharmaceuticals, and medical technology. Its role can bring innovation, efficiency, and expanded choice. However, its profit motive can also lead to inequities in access and a focus on lucrative curative care over less profitable preventive services, necessitating effective regulation by the state to align its activities with public health goals.
Based on the above source, attempt the following five questions.

296. What is described as the ultimate responsibility of the state in the health sector?
(A) To maximize profit from hospital services.
(B) To provide health services exclusively through private sector partnerships.
(C) To delegate all health-related decision-making to local communities.
(D) To act as the steward of the overall health system and ensure citizen health.

297. The primary role of the community in the health system, as outlined in the passage, is to:
(A) Participate in identifying needs and managing local health programs.
(B) Fund the entire national health budget through voluntary donations.
(C) Develop and patent new medical technologies.
(D) Pass legislation and national health policies.

298. According to the passage, what is a potential negative consequence of the private sector's involvement in health?
(A) A lack of innovation and efficiency.
(B) The creation of inequities in access due to the profit motive.
(C) A focus on preventive services over curative care.
(D) A reduction in the choices available to consumers.

299. Why is state regulation of the private health sector considered necessary?
(A) To prevent the private sector from engaging in any health-related activities.
(B) To align the private sector's activities with public health goals and mitigate potential inequities.
(C) To force all private providers to become state-owned enterprises.
(D) To ensure the private sector focuses exclusively on manufacturing pharmaceuticals.

300. Which function is most uniquely associated with the state, rather than the community or private sector?
(A) Setting national health policy and regulations.
(B) Providing direct clinical care to a patient.
(C) Manufacturing medical equipment.
(D) Organizing a local health awareness camp.

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ANSWERS

1. (B) The study of the social, economic, and environmental factors influencing health and disease.
Social medicine represents a broad field focused on understanding how various societal elements impact human health outcomes. It examines the intricate relationship between social structures and biological processes to address medical issues at a population level. By analyzing economic status, living conditions, and environmental exposure, practitioners can develop comprehensive strategies to improve community well-being and mitigate the underlying causes of widespread illness and disease.

2. (A) Maternal and child health services provided at the local level.
Community health traces its origins to focused efforts addressing the specific needs of mothers and children within localized settings. This evolution emphasizes moving away from purely individual clinical treatments toward broader initiatives that improve the health of entire families and neighborhoods. Recognizing that localized interventions for vulnerable groups create a foundation for public well-being allowed healthcare systems to expand their reach across diverse populations.

3. (C) Prioritization of high-cost, specialized treatments.
Community health focuses on population-wide wellness through accessible and affordable interventions rather than expensive specialized medical procedures. Core principles include fostering active community participation, emphasizing preventive measures, and ensuring inter-sectoral coordination to improve living conditions. Directing resources toward high-cost treatments for few individuals contradicts the goal of achieving equitable health outcomes across an entire geographic population through sustainable and cost-effective primary care initiatives.

4. (C) Statement I is true, but Statement II is false.
Social medicine fundamentally views the entire community or society as the primary patient, shifting focus from individual biology to broader societal structures. Conversely, community health is explicitly concerned with the collective well-being of groups rather than treating individuals in isolation. While the first assertion accurately reflects the discipline's holistic perspective, the second assertion is incorrect because community health inherently prioritizes group dynamics and population health outcomes.

5. (A) Both A and R are true and R is the correct explanation of A.
The industrial revolution served as a catalyst for social medicine by forcing societies to acknowledge the impact of urbanization on health. Rapid growth in industrial centers created overcrowded and unsanitary environments where infectious diseases flourished among the working class. This clear correlation between poor social conditions and high mortality rates necessitated a new medical paradigm that addressed environmental and economic factors alongside biological causes.

6. (B) The waterborne transmission of the infectious disease.
John Snow's investigation of the 1854 Soho cholera outbreak remains a foundational moment in modern epidemiology. By mapping cases around the Broad Street pump, he successfully proved that the disease was transmitted through contaminated water supplies rather than foul air or miasma. This discovery revolutionized public health by emphasizing the necessity of clean water infrastructure and scientific mapping to control the spread of infection within large urban populations.

7. (D) 1948
The World Health Organization was officially established on April 7, 1948, following the aftermath of the Second World War. This date is now celebrated annually as World Health Day to commemorate the organization's founding

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and its constitutional mandate to ensure the highest possible level of health for all people. It represents a global commitment to international cooperation in managing health crises and promoting universal wellness standards.

8. (A) The discovery of antibiotics in the 20th century had no significant impact on public health.
Antibiotics revolutionized public health in the twentieth century by significantly reducing mortality rates from bacterial infections that were once fatal. This discovery dramatically altered medical practice and increased life expectancy globally. In contrast, historical measures like the Shattuck Report and ancient sanitation efforts correctly represent the evolution of the field. Claims suggesting that antimicrobial developments had no major influence on societal well-being are factually incorrect.

9. (C) A model of care that integrates preventive, promotive, curative, and rehabilitative services.
Comprehensive health care represents a holistic approach designed to address an individual's needs throughout their entire life cycle. This model goes beyond simply treating existing illnesses by incorporating health promotion, disease prevention strategies, and necessary rehabilitation after medical events. By integrating these four essential components, the system ensures that communities receive a full continuum of care that is both accessible and responsive to various conditions.

10. (A) P-4, Q-1, R-2, S-3
Edward Jenner developed the smallpox vaccine, while the Alma-Ata Declaration established the goal of achieving health for all through primary care. Louis Pasteur proved the germ theory of disease, laying the scientific foundation for modern microbiology. Finally, the Shattuck Report served as the foundational blueprint for public health infrastructure in the United States. Mapping these milestones reveals the historical progression of medical science and policy development.

11. (D) The Conference on Primary Health Care at Alma-Ata.
The International Conference on Primary Health Care held in 1978 resulted in the landmark Alma-Ata Declaration. This document officially introduced the "Health for All" goal, emphasizing that primary health care is the key to achieving equitable wellness worldwide. It called for urgent action by all governments and the international community to protect and promote health through decentralized services, community involvement, and essential inter-sectoral collaboration.

12. (B) Providing physiotherapy for a patient recovering from a stroke.
Rehabilitative care focuses on restoring functional ability and improving the quality of life for individuals who have suffered from disabling diseases or injuries. While vaccinations are preventive and clinical treatments are curative, physiotherapy specifically addresses the long-term recovery process following a major health event like a stroke. This component ensures that patients can regain independence and reintegrate into their communities effectively after the acute phase.

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13. (C) Improving access to education, housing, and essential nutrition.
Social development significantly influences health by improving the underlying conditions in which people live and grow. Enhanced access to quality education empowers individuals to make better health choices, while adequate housing and nutrition reduce vulnerability to infectious and chronic diseases. By addressing these social determinants, a society can improve long-term wellness outcomes and reduce health disparities without relying solely on clinical interventions or advanced medical technology.

14. (D) Higher prevalence of communicable and chronic diseases.
Stagnant social development often results in poor living conditions, limited educational opportunities, and inadequate nutrition, which collectively increase disease susceptibility. Communities lacking progress in these areas typically face a heavy burden of both infectious diseases due to poor sanitation and chronic conditions driven by environmental stressors. Such negative consequences highlight the essential link between a society's overall development level and the physical well-being of its population.

15. (A) 1 and 4 only
Strong evidence suggests that female literacy is a powerful predictor of reduced infant mortality because educated mothers often make informed health decisions. Additionally, social cohesion and community networks provide essential support that improves mental and physical wellness outcomes. Conversely, social development does influence mental health, and economic growth alone does not guarantee equitable health distribution. Therefore, understanding these specific social determinants is vital for planning effective population interventions.

16. (B) Having a sense of purpose and meaning in one's life.
The spiritual dimension of health involves the search for meaning, purpose, and value in human existence. It encompasses an individual's internal sense of peace, ethical principles, and connection to a larger reality beyond the physical self. While physical and mental dimensions focus on bodily function and cognitive clarity, spiritual health addresses the deeper psychological and philosophical aspects of well-being that help individuals navigate life challenges.

17. (B) An individual's dietary habits and current tobacco smoking status.
Behavioral determinants of health refer to the specific actions and lifestyle choices individuals make that directly impact their well-being. Common examples include nutritional patterns, physical activity levels, and the consumption of harmful substances like tobacco or alcohol. These factors are distinct from biological predispositions, environmental pollution, or the availability of healthcare services, as they are primarily driven by personal habits and daily routines within a society.

18. (A) Social Dimension - Ability to maintain harmonious relationships with others.
The social dimension of health specifically measures how well an individual interacts with their community and maintains satisfying interpersonal relationships. It involves the capacity to adapt to social environments and contribute to collective well-being. Other dimensions like physical health focus on bodily systems, while mental health addresses internal psychological balance. Correctly identifying these distinctions is essential for a holistic understanding of health that goes beyond the absence of disease.

19. (C) Biological and genetic factors.
Biological and genetic factors are largely inherent and predetermined at the time of an individual's conception. While lifestyle choices, socio-economic status, and access to medical services can be modified through personal effort or policy interventions, one's underlying genetic code remains fixed. These non-modifiable determinants play a significant role in determining susceptibility to various conditions, making them a crucial focus for screening and preventive strategies in public health.

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20. (A) 3, 2, 4, 1
Public health history follows a specific timeline starting with John Snow's cholera investigation in the mid-nineteenth century. This was followed by the establishment of the World Health Organization in 1948. Later, the Alma-Ata Declaration was signed in 1978 to promote primary care. Finally, the global eradication of smallpox was officially achieved and certified in 1980. Arranging these events chronologically helps in understanding the evolution of global health policy.

21. (C) A holistic and idealistic concept.
The World Health Organization defines health as a state of complete physical, mental, and social well-being, which represents a highly ambitious and positive goal. This definition is considered holistic because it integrates multiple dimensions of human life rather than just focusing on medical illness. It is also viewed as idealistic because achieving a state of "complete" well-being for all individuals remains a challenging target for modern health systems.

22. (B) Case Fatality Rate
Mortality indicators provide quantitative data regarding deaths within a population and the severity of specific diseases. The case fatality rate specifically measures the proportion of individuals diagnosed with a certain condition who die from it, making it a critical measure of disease virulence. In contrast, prevalence and incidence rates are morbidity indicators that

track illness frequency, while disability-adjusted life years measure the overall burden of disease.

23. (D) The number of deaths of infants under one year per 1000 live births.
The infant mortality rate is a sensitive indicator of a community's health status and level of socio-economic development. It specifically tracks the number of deaths occurring among children before their first birthday for every thousand live births in a given year. This metric reflects the quality of prenatal care, nutrition, and childhood immunization programs, serving as a vital tool for policymakers to evaluate and improve public health outcomes.

24. (C) Statement I is true, but Statement II is false.
The Human Development Index is a comprehensive composite measure that evaluates a country's progress based on life expectancy, educational attainment, and standard of living. However, the Physical Quality of Life Index is primarily used as a health and social indicator based on infant mortality, life expectancy, and literacy, rather than being a morbidity indicator. Understanding these distinctions is necessary for accurately assessing global development and population health trends.

25. (A) 1, 2, and 3 only
Life expectancy serves as a positive indicator of population health, while morbidity indicators track the frequency of illness and disability. The maternal mortality ratio is standardized per one hundred thousand live births to ensure international comparability. Conversely, health indicators are useful for both international and internal comparisons, and incidence rates track new cases rather than existing ones. Correctly identifying these principles is fundamental for interpreting complex health data.

26. (A) The pre-pathogenesis period.
The pre-pathogenesis period occurs before the disease agent enters the human host and initiates pathological changes. During this stage, the agent, host, and environment interact in a way that determines the individual's risk of developing the illness. Interventions applied at this time, such as health promotion and specific protection, are designed to prevent the disease from ever starting by modifying these initial risk factors and exposures.

27. (D) The entry of the agent into the susceptible human host.
The pathogenesis phase represents the timeline of a disease after the causative agent has successfully entered the human body. This period encompasses all subsequent biological reactions and pathological changes, ranging from the initial subclinical infection to the appearance of clinical symptoms and the eventual outcome. Understanding when this phase begins is critical for implementing secondary prevention measures like early diagnosis and prompt treatment to stop disease progression.

28. (B) Diseases where most cases are subclinical or asymptomatic.
The iceberg phenomenon describes a situation where the visible clinical cases of a disease represent only a small fraction of the actual total burden. Below the surface lies a larger mass of undiagnosed, subclinical, or asymptomatic carriers who may still transmit the disease or suffer latent effects. This concept is particularly relevant for infectious diseases like hepatitis or chronic conditions like hypertension, where many affected individuals remain unaware.

29. (C) Screening for cervical cancer.
Screening programs are designed to detect pathological changes during the early pathogenesis phase, often before clinical symptoms become apparent. By identifying cervical abnormalities early, healthcare providers can intervene promptly to prevent the progression of the disease. This differs from primary prevention like immunization or education, which occurs before infection, and tertiary prevention like prosthetic provision, which addresses permanent disability after the disease has caused significant physical damage.

30. (A) Both A and R are true and R is the correct explanation of A.
The natural history of a disease provides a chronological description of its progression from the first exposure to risk factors until the final outcome in the absence of treatment. Mastering this concept is essential for public health because it helps identify the precise moments where

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specific levels of prevention, such as primary or secondary measures, will be most effective. Both the definition and the reasoning are accurate.

31. (A) Primary prevention
Primary prevention involves taking specific actions before the onset of disease to reduce the risk of illness. Providing nutritional education to school children is a form of health promotion intended to establish healthy habits that prevent future chronic conditions. This level of intervention targets susceptible individuals in the pre-pathogenesis phase, ensuring they have the knowledge and resources necessary to maintain wellness and avoid the development of pathological changes.

32. (B) To halt the progress of a disease at its incipient stage and prevent complications.
Secondary prevention is aimed at individuals who have already begun the pathogenesis phase but may not yet show severe clinical symptoms. The primary objective is to identify the disease as early as possible through screening and diagnostic tests. By providing prompt treatment during these initial stages, healthcare systems can prevent the condition from progressing, reduce the risk of complications, and improve the overall prognosis for the patient.

33. (B) P-2, Q-3, R-1, S-4
Primordial prevention addresses underlying social and environmental risk factors, such as national anti-smoking policies. Primary prevention focuses on specific protection, like using iodized salt to prevent deficiency. Secondary prevention involves early detection through methods like mammography for cancer. Tertiary prevention emphasizes rehabilitation services to limit disability for those with established conditions. This mapping illustrates how different health interventions align with specific stages in the natural history of disease.

34. (A) Primordial prevention
Primordial prevention seeks to prevent the very emergence of social, economic, and environmental risk factors that contribute to disease. By creating healthy urban environments with walking paths and nutritious food access, the program targets the underlying causes of obesity and hypertension before individual risks even develop. This macro-level approach focuses on population-wide patterns of living and social structures to foster long-term health and prevent the rise of chronic conditions.

35. (C) Regular blood pressure measurement for a known hypertensive patient.
Primary prevention occurs before a disease is established, focusing on health promotion and specific protection like vaccinations, helmet use, or safe sex education. However, monitoring a patient who already has a diagnosed condition like hypertension falls under secondary or tertiary prevention, as the disease is already present. This activity aims to manage the existing illness and prevent complications rather than preventing the initial onset of the disease in a healthy person.

36. (D) Limit disability and promote rehabilitation after a disease has occurred.
Tertiary prevention is applied during the late stages of the pathogenesis phase after a disease has caused significant impact or damage. The goal is to reduce long-term impairments, minimize suffering, and help individuals regain as much functional independence as possible through rehabilitation and palliative care. This level of prevention focuses on improving the quality of life for those living with chronic conditions or permanent physical and mental limitations.

37. (C) Secondary prevention
Screening workers for noise-induced hearing loss is an example of secondary prevention because it aims to detect the condition at an early, often asymptomatic stage. By identifying hearing impairment early, interventions can be implemented to prevent further deterioration and complications. This level of prevention focuses on individuals who have already been exposed to risk factors and are showing early signs of pathological change, ensuring that timely care is provided.

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38. (A) 1, 2 and 4 only
Primary prevention targets individuals before they develop a disease, while secondary prevention identifies asymptomatic cases early in the pathogenesis phase. Primordial prevention addresses the macro-level risk factors to prevent them from emerging in society. However, tertiary prevention does not aim to prevent the

occurrence of a disease but rather focuses on managing disability and rehabilitation after the disease has already manifested. These definitions are central to public health strategy.

39. (D) The negative health impact related to increased travel and trade.
Globalization has significantly increased the volume and speed of international travel and trade, which facilitates the rapid transmission of infectious agents across borders. The COVID-19 pandemic clearly illustrated how highly mobile populations can inadvertently spread pathogens worldwide in a very short period. This interconnectedness presents a major public health challenge, as local outbreaks can quickly evolve into global emergencies, necessitating robust international monitoring and cooperation.

40. (A) 3, 2, 4, 1
The logical sequence of prevention begins with primordial measures to address social determinants, followed by primary prevention to protect susceptible individuals. As the disease enters the pathogenesis phase, secondary prevention is used for early detection and treatment. Finally, tertiary prevention is implemented to manage disability and provide rehabilitation. Following this order ensures that interventions are applied appropriately throughout the natural history of a disease to maximize population health outcomes.

41. (C) Rapid dissemination of medical research and best practices.
One of the primary benefits of globalization is the accelerated exchange of scientific knowledge and medical innovations across international borders. Digital connectivity allows healthcare professionals worldwide to access the latest research, treatment protocols, and public health strategies almost instantaneously. This rapid dissemination helps improve clinical outcomes and standardizes care levels globally. While other aspects of globalization may pose risks, the enhanced flow of information remains a distinct positive factor.

42. (A) The migration of highly skilled health professionals from poorer to richer countries.
Brain drain describes the movement of trained doctors, nurses, and medical researchers from developing nations to wealthier countries in search of better opportunities and pay. This phenomenon significantly weakens the healthcare systems of the home countries, creating critical shortages of skilled personnel where they are often needed most. It represents a complex ethical challenge in global health policy, as it exacerbates health disparities between different regions of the world.

43. (D) The state's role is limited to providing only curative services.
The modern state holds a comprehensive responsibility for the health of its citizens, extending far beyond simple curative medical treatments. Governments must engage in policy formulation, health legislation, financing public programs, and regulating the quality of both public and private services. Restricting the state's role only to curative care would neglect vital functions like disease prevention, health promotion, and the management of environmental factors that influence population well-being.

44. (B) A process of assuming responsibility for health and community development.
Community participation is an active process where individuals and groups take ownership of their health outcomes and the development of their local environment. It involves participating in the planning, implementation, and evaluation of health programs to ensure they meet local needs. This empowerment shifts the community from being passive recipients of aid to becoming active partners in creating sustainable health solutions and improving their overall quality of life.

45. (A) 1, 2, 3, and 5 only
Globalization impacts health through diverse channels, including food availability, trade agreements affecting generic drugs, and the rise of medical tourism. It also facilitates the spread of both vital health information and dangerous misinformation. However, it is incorrect to claim that globalization has exclusively negative consequences, as it also brings advancements in technology and international cooperation. Recognizing these varied effects is necessary for developing effective and balanced global health policies.

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46. (D) To deliver health services, often specializing in curative and high-tech care.
In many health systems, the private sector serves as a major provider of clinical services, frequently focusing on specialized curative treatments and advanced medical technology. Private facilities often supplement public services by offering additional capacity and specialized expertise. While the state typically manages national policy and regulation, the private sector's role is primarily centered on service delivery and innovation within the medical field, responding to diverse patient demands.

47. (A) Collaboration between government and private-sector to fulfill objectives.
Public-private partnerships are formal arrangements where the government and private entities combine their resources and expertise to achieve specific health goals. These collaborations often aim to improve the efficiency, quality, and reach of healthcare services by leveraging the strengths of both sectors. Such partnerships can be used for infrastructure development, service delivery, or large-scale public health programs that neither sector could effectively manage alone in a complex environment.

48. (B) Greater appreciation for inter-sectoral collaboration across departments.
Emphasizing social determinants of health highlights that wellness is influenced by factors beyond the traditional medical sector, such as education, housing, and labor. This perspective encourages different government departments and private organizations to work together to address these underlying causes. Inter-sectoral collaboration is now recognized as essential for creating comprehensive public health policies that effectively improve population-wide outcomes and reduce the burden on the formal healthcare system.

49. (B) Social Medicine
Rudolf Virchow's philosophy emphasized that health is inextricably linked to the social and political structure of society. He argued that medical practice must involve addressing the social conditions that lead to disease, making it a form of social science. This core belief founded the discipline of social medicine, which advocates for political and social reforms as primary tools for improving the health and well-being of the entire population.

50. (A) Both A and R are true and R is the correct explanation of A.
Comprehensive health care is built on the premise that individuals and communities require a continuous range of services throughout their lives. This includes promoting wellness, preventing illness, treating acute conditions, and providing long-term rehabilitation. Because health needs are multifaceted and change over time, a system that integrates these various components is necessary to ensure effective and sustainable outcomes. The reasoning directly supports the core objective of the model.

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51. (C) Laid out a blueprint for comprehensive care and Primary Health Centres.
The Health Survey and Development Committee, known as the Bhore Committee, produced a landmark report in 1946 that shaped the future of India's health system. It recommended the establishment of a network of Primary Health Centres to provide comprehensive care to rural populations. This visionary document emphasized the integration of preventive and curative services, laying the foundation for modern public health planning and infrastructure in the country.

52. (D) The shift from infectious diseases to chronic non-communicable diseases.
Epidemiological transition describes a long-term change in population health patterns where the primary causes of death shift from infectious epidemics to chronic, non-communicable conditions. This transition is typically associated with improvements in sanitation, nutrition, and medical care, alongside changes in lifestyle and aging populations. Understanding this shift is vital for public health planning, as it necessitates moving from acute infection control to long-term chronic disease management.

53. (C) A subjective perception of being happy and satisfied with life.
Wellbeing is a subjective and multidimensional concept that captures an individual's internal sense of life satisfaction and emotional happiness. While health can be measured through objective biological markers, wellbeing relies on the

person's own appraisal of their life quality and fulfillment. It encompasses feeling positive about one's daily experiences and overall life direction, representing a state that goes beyond the mere absence of physical or mental illness.

54. (B) The perfect functioning of the body's physiological systems.
The physical dimension of health focuses on the biological and physiological state of the human body. It implies that all organs and systems are functioning at their optimal capacity, allowing the individual to perform daily activities without excessive fatigue or pain. This dimension is often assessed through objective medical examinations and tests that measure bodily functions. While other dimensions address mental and social well-being, physical health remains the foundation.

55. (A) P-3, Q-4, R-1, S-2
Biological determinants include inherent factors like age and sex, while behavioral determinants involve lifestyle choices like physical activity levels. Environmental determinants encompass the physical surroundings, such as urban air quality, and socio-economic determinants refer to social structures like educational attainment. Understanding these distinct categories is essential for identifying the various influences on population health and developing targeted interventions to address specific needs within a community or demographic group.

56. (A) Incidence of Tuberculosis
Morbidity indicators measure the frequency and patterns of disease and disability within a population. The incidence of tuberculosis specifically tracks the number of new cases diagnosed during a specific period, making it a direct measure of illness. In contrast, crude death rates and maternal mortality ratios are mortality indicators focused on deaths, while life expectancy is a summary measure of overall population health and longevity rather than disease frequency.

57. (C) Total number of live births in the same year.
The maternal mortality ratio is calculated by dividing the number of maternal deaths by the total number of live births recorded during the same period, then multiplying by one hundred thousand. Using live births as the denominator provides a standardized measure of the risk associated with pregnancy and childbirth relative to successful deliveries. This ratio is a critical indicator for evaluating the quality of maternal healthcare services and social development.

58. (A) 1 and 3 only
The natural history of disease is a conceptual framework divided into pre-pathogenesis and pathogenesis phases that describe illness progression without treatment. While the incubation period is actually part of the pathogenesis phase, medical and public health interventions can successfully alter this history. This model is applicable to all types of health conditions, including both acute infectious diseases and long-term chronic illnesses. Correctly applying this framework is essential for preventive medicine.

59. (D) The incubation period
In the context of chronic diseases, the latent period refers to the time between initial exposure to a risk factor and the eventual clinical manifestation of the illness. This concept is analogous to the incubation period in infectious disease epidemiology, which measures the time from pathogen entry to the appearance of symptoms. Both periods represent a subclinical phase where pathological changes are occurring within the host before any recognizable symptoms are detected.

60. (A) Both Statement I and Statement II are true.
Primordial prevention is a critical strategy for managing the rising global burden of chronic non-communicable diseases. It focuses on preventing the very development of environmental and social risk factors through macro-level public policies and societal changes. By targeting the entire population before individual risks emerge, these interventions aim to foster a healthy society. Both statements accurately describe the scope and application of this preventive level in modern public health practice.

61. (C) Primary prevention
Chemoprophylaxis involves the administration of drugs to prevent the development of an infection in a susceptible individual. Providing anti-malarial medication to travelers is a specific protection measure applied during the pre-

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pathogenesis phase. This action falls under primary prevention because it aims to prevent the onset of disease by protecting the individual from the causative agent before it can establish an infection in the body or produce any subclinical pathological changes.

62. (D) Primordial Prevention - Clinical phase
Primordial prevention is designed to prevent the emergence of risk factors in the entire population and is applied well before any individual reaches the clinical phase. Conversely, primary prevention occurs in the pre-pathogenesis stage, secondary prevention focuses on early pathogenesis, and tertiary prevention addresses the late stage of disability. Claiming that primordial prevention targets the clinical phase is incorrect, as it focuses on societal and environmental conditions rather than treating existing illness.

63. (A) Globalisation
Globalization facilitates the expansion of international food corporations and global marketing, which often promotes the consumption of processed and energy-dense foods. These market forces can shift local dietary patterns away from traditional, balanced meals toward unhealthy options high in fats and sugars. This "nutrition transition" is a significant health impact of global economic interconnectedness, contributing to the rising prevalence of obesity and related chronic diseases in developing nations.

64. (B) Participating in identifying needs and implementing local initiatives.
Communities play a vital role in health by actively participating in the assessment of their own needs and the design of local programs. This involvement ensures that health initiatives are culturally appropriate and relevant to the specific challenges faced by the population. While specialized medical tasks are performed by professionals, the community's responsibility is to engage as partners in planning and implementing strategies that foster long-term health and sustainable development.

65. (A) 1, 3, and 5 only
The state provides stewardship for the health system, while community participation is a fundamental principle of primary health care. Additionally, regulating food and drug safety is a critical public responsibility of the government. However, private for-profit entities are typically motivated by financial sustainability, and the private sector can indeed play a significant role in preventive services. Understanding these distinct and overlapping roles is essential for an effective, multi-sectoral approach to public health.

66. (A) Exclusive focus on high-income populations
Comprehensive health care is designed to be inclusive and equitable, providing a wide range of services to the entire population regardless of income level. Its core components include curative, promotive, preventive, and rehabilitative services to address all health needs. An exclusive focus on high-income groups would violate the fundamental principle of equity that underpins this model. Ensuring accessibility for all social segments is a key requirement for comprehensive care delivery.

67. (C) Comprehensive Health Care
A health system that provides a seamless continuum of care from local sub-centres to specialized district hospitals demonstrates the principle of comprehensive health care. This structure ensures that patients can access various levels of services through an organized and functional referral system. By integrating preventive, curative, and rehabilitative efforts across different facilities, the system addresses the diverse needs of the community while maximizing resource efficiency and improving overall patient outcomes.

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68. (D) Reduced infant and child mortality rates.
Improving female literacy and empowerment is widely recognized as one of the most effective ways to improve population health outcomes. Educated mothers are more likely to seek prenatal care, immunize their children, and provide better nutrition and sanitation in the home. These factors collectively contribute to a significant decline in infant and child mortality rates, demonstrating how social development directly enhances physical well-being and life expectancy within a society over time.

69. (C) The ability to form satisfying relationships.
The mental dimension of health focuses on an individual's internal cognitive and emotional

state, including clear thinking and a well-adjusted personality. While it involves being free from internal conflicts and having self-confidence, the ability to form and maintain satisfying relationships is specifically part of the social dimension. Distinguishing between internal psychological traits and external interpersonal interactions is important for accurately assessing the different components of holistic well-being and individual functioning.

70. (A) 4, 3, 1, 2
The evolution of health concepts began with ancient theories like the Hippocratic humors. This was eventually replaced by the scientific germ theory of disease in the nineteenth century. In the mid-twentieth century, the concept of comprehensive health care was introduced by committees like Bhore. Finally, the concept of primordial prevention emerged more recently to address modern chronic disease epidemics. Following this chronological order provides insight into the history and development of medical philosophy.

71. (D) Average income and level of inequality in a community.
Socio-economic determinants of health represent the broad social and economic conditions that influence the well-being of entire populations. Income levels and the degree of economic inequality within a community are prime examples of these macro-level factors. Unlike individual choices, genetic codes, or specific environmental pathogens, these factors reflect the structural organization of society and how resources are distributed among its members, profoundly affecting their overall health status and outcomes.

72. (A) Infant mortality, life expectancy at age one, and basic literacy.
The Physical Quality of Life Index is a composite measure used to assess the social well-being and development of a population. It combines three specific indicators: the infant mortality rate, life expectancy at age one, and the basic literacy rate. By integrating these health and educational outcomes, the index provides a more comprehensive view of living standards than simple economic metrics, helping researchers evaluate the real impact of social policies.

73. (C) Incidence refers to new cases of a disease, while prevalence refers to all existing cases.
Incidence and prevalence are both critical morbidity indicators but measure different aspects of disease frequency. Incidence tracks the number of new cases occurring in a specific population over a defined period, reflecting the risk of contracting the condition. Prevalence measures the total number of individuals living with the disease at a given point in time, indicating the overall burden on the healthcare system and the general population for planning purposes.

74. (A) Tertiary prevention
Tertiary prevention focuses on managing established diseases to prevent complications and minimize disability. For a person diagnosed with diabetes, learning to monitor blood sugar and adjust their diet is a strategy to avoid serious consequences like kidney failure. This level of care aims to improve the quality of life and maintain functional independence even when a chronic condition is already present, representing a final stage of medical and rehabilitative intervention.

75. (A) Both A and R are true and R is the correct explanation of A.
Globalization has the potential to widen health gaps between different nations because the benefits of medical advancements are not shared equally. While international trade facilitates the flow of new technologies, wealthier populations often gain faster and more affordable access to these innovations. This uneven distribution can exacerbate existing inequities, leaving vulnerable groups with a higher disease burden and fewer resources to address complex health challenges. Both the assertion and reasoning are valid.

76. (B) A state of well-being beyond simply not being ill.
Positive health is a concept that emphasizes achieving an optimal level of physical, mental, and social functioning rather than just avoiding disease. It views health as a dynamic resource for daily living that allows individuals to thrive and reach their full potential. This perspective encourages proactive wellness behaviors and the development of resilience, moving the focus from medical pathology to the proactive enhancement of human capabilities and life satisfaction.

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77. (B) P-3, Q-4, R-1, S-2
The natural history of disease describes its progression without intervention, while social development involves improving living standards and social structures. Community participation refers to the active involvement of people in their own health decisions. Comprehensive care represents an integrated approach that includes preventive, curative, and rehabilitative services. Correctly matching these terms helps in understanding the various frameworks used in modern public health and healthcare administration to manage population-wide health needs effectively.

78. (B) 2 and 3 only
The modern state plays a vital role in health through strategic financing, resource allocation, and the establishment of health legislation and regulations. While governments often provide direct services, they are rarely the sole providers in most modern systems. Furthermore, the state has a significant responsibility in promoting inter-sectoral action to address broader health determinants. Therefore, focusing on governance and financial oversight correctly reflects the primary functions of the state in health systems.

79. (A) A greater emphasis on practical, community-based action and participation.
The transition toward community health reflected an evolution from theoretical analysis of social factors to the implementation of practical, population-based programs. This shift emphasized the importance of active community participation and the delivery of services within localized settings. By focusing on applied health initiatives, the field aimed to improve outcomes through direct engagement with communities and the adaptation of health strategies to meet the specific needs of diverse geographic and social groups.

80. (C) 3, 1, 2, 4
Public health history in Western nations typically began with the sanitary movement focusing on environmental hygiene. This was followed by the disease control phase targeted at specific infectious agents. Subsequently, the focus shifted to health promotion and individual lifestyles. More recently, the social engineering phase emerged to address the complex social and economic determinants of health. This chronological progression shows how public health priorities have expanded to encompass broader societal and environmental influences over time.

81. (B) Mental
The mental dimension of health encompasses an individual's cognitive abilities, emotional resilience, and intellectual growth. it involves the capacity to think clearly, solve problems effectively, and adapt to changing circumstances with a balanced perspective. While physical health concerns bodily function and social health focuses on relationships, mental health addresses the internal psychological processes that allow a person to navigate life's challenges, learn new information, and contribute meaningfully to their community through informed decision-making.

82. (A) Disease is the result of a complex interaction of multiple factors.
The web of causation model moves beyond simple single-cause explanations by suggesting that diseases arise from a complex network of interacting factors. This model accounts for biological agents, environmental conditions, social structures, and individual behaviors that together determine health outcomes. It is particularly useful for understanding chronic non-communicable diseases, where multiple interrelated risk factors contribute to the overall development and progression of the condition over time within a population or individual.

83. (C) The burden of disease, combining years lost to mortality and disability.
The disability-adjusted life year is a composite metric used to quantify the total impact of a disease on a population. It combines the years of life lost due to premature death with the years lived with a disability or poor health. This measure allows health officials to compare the relative burden of different conditions and allocate resources more effectively to address the most significant threats to public health and overall life quality.

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84. (D) Invasion by the agent and appearance of the first symptom.
In infectious disease epidemiology, the incubation period represents the time interval between the successful entry of a pathogen into the human host and the manifestation of the first clinical sign or symptom. During this period, the agent multiplies within the body and initiates pathological changes, although the person remains asymptomatic. The length of this period varies significantly depending on the specific infectious agent and the host's underlying health and immune response.

85. (B) 2, 3, and 5 only
Secondary prevention focuses on early diagnosis and prompt treatment, while tertiary prevention emphasizes disability limitation and rehabilitation. Health promotion activities are a foundational component of primary prevention. However, specific protection like immunization is part of primary prevention, not secondary, and primordial prevention targets individuals before they become sick. Understanding these levels ensures that interventions are applied at the correct stage in the natural history of disease to maximize efficiency and health outcomes.

86. (B) Operating a chain of diagnostic laboratories on a for-profit basis.
The private health sector is characterized by entities that operate independently of the government, often with a profit motive. Running diagnostic laboratories or private hospitals are classic examples of private-sector activity in healthcare. While the state manages national policy and public campaigns, the private sector contributes by providing diverse clinical services and investing in medical infrastructure. This role is essential in many health systems for expanding access to specialized diagnostic and therapeutic services.

87. (D) World Health Organization (WHO)
The World Health Organization's constitution, established in 1948, explicitly declares that the enjoyment of the highest attainable standard of health is a fundamental right of every human being. This principle guides the organization's global efforts to ensure that all people have access to necessary health services without discrimination. It underscores the responsibility of governments and the international community to protect and promote human health through equitable and inclusive healthcare systems worldwide.

88. (A) Primary Prevention - Papanicolaou (Pap) smear test
A Pap smear is a screening tool used to detect early signs of cervical cancer in asymptomatic individuals, which makes it a classic example of secondary prevention. Primary prevention, in contrast, involves measures taken before any pathological change occurs, such as health promotion or specific protection. Other pairs, like comprehensive care with the Bhore Committee and social medicine with Rudolf Virchow, correctly represent foundational historical concepts and their associated figures in public health development.

89. (C) A policy that links girls' education incentives with improved access to health services.
Social development focuses on improving human capabilities and social equity to enhance overall well-being. A policy that incentivizes girls' education while providing healthcare directly addresses key social determinants like literacy and gender empowerment. This integrated approach recognizes that educational attainment is closely linked to better health outcomes, reflecting a broader understanding of how societal progress contributes to population wellness and the reduction of health disparities through non-medical social and economic interventions.

90. (A) Both A and R are true and R is the correct explanation of A.
In many developing nations, the private health sector accounts for a large portion of service delivery. This is often because public health systems suffer from inadequate funding and overcrowding, which limits their ability to meet the population's needs. As a result, individuals frequently turn to private providers for faster or more accessible care. The provided reasoning accurately explains the growth of the private sector as a response to systemic challenges in public infrastructure.

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91. (D) Health is a synthesis of the physical, mental, social, and spiritual dimensions.
The holistic concept of health views the human being as a complex system where multiple dimensions interact to create overall well-being. It moves beyond the narrow biomedical focus on physical illness to include mental clarity, social harmony, and spiritual purpose. This integrated perspective recognizes that health is influenced by a person's entire environment and life experience, necessitating a broad and inclusive approach to promoting and maintaining wellness in individuals and communities.

92. (B) The longitude and latitude of a person's birthplace.
Determinants of health are the specific factors that influence whether a person remains healthy or becomes ill. Core determinants include genetic inheritance, personal lifestyle choices, and the socio-economic and physical environment. While geographic location can influence health through local environmental conditions, the specific numerical coordinates of one's birthplace do not act as an independent determinant of physiological or biological health outcomes. Understanding these factors is essential for effective public health planning and intervention.

93. (C) Incidence rate
The incidence rate is a fundamental morbidity indicator that measures the frequency of new cases of a disease within a population over a specific period. It is used to estimate the risk of developing a condition and is essential for monitoring the spread of infectious diseases. Unlike prevalence, which counts all existing cases, incidence focuses specifically on the onset of new illness, helping health officials evaluate the effectiveness of prevention and control measures.

94. (D) Pathological changes occurring in the body, but the individual is unaware of them.
The subclinical stage of a disease occurs during the early pathogenesis phase when pathological changes have begun at a cellular or tissue level. However, these changes have not yet progressed enough to produce recognizable clinical signs or symptoms, so the individual remains unaware of the illness. Identifying cases during this hidden stage through screening is the primary goal of secondary prevention, allowing for early treatment before the disease causes permanent damage or symptoms.

95. (B) 2, 3, and 5 only
Comprehensive health care encompasses the full range of promotive, preventive, curative, and rehabilitative services while emphasizing equity and affordability. Foundational documents like the Bhore Committee report established this vision in India. however, it is not strictly synonymous with primary health care, which is one level of delivery, and it should be accessible through all levels of the system rather than just tertiary hospitals. Understanding these core principles is essential for developing integrated healthcare systems.

96. (B) "Brain drain" or the migration of skilled personnel to wealthier countries.
A significant negative consequence of globalization is the increased migration of doctors and nurses from low-income countries to wealthier nations with better compensation. This movement, often called "brain drain," strips developing nations of the skilled human resources needed to maintain their own health systems. It creates a global health workforce crisis where the countries with the greatest health needs often have the fewest professionals to address them, worsening global health inequities.

97. (B) State
The responsibility for providing safe public utilities like food and water supplies primarily belongs to the state as part of its public health mandate. Governments must establish and enforce standards for sanitation, hygiene, and environmental safety to prevent the widespread transmission of diseases. while other sectors may participate, the state remains the central authority responsible for the governance and regulation of these essential resources to protect the health of the entire population.

98. (B) 1, 3 and 4 only
Modern health concepts recognize several distinct dimensions, including physical health, mental health, and social health. These areas address bodily function, cognitive well-being, and the quality of interpersonal relationships. while

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financial status is a powerful determinant of health, it is not considered a direct dimension of a person's health status in the traditional medical and public health frameworks. Recognizing these dimensions allows for a more holistic and comprehensive assessment of an individual's overall well-being.

99. (A) Both Statement I and Statement II are true.
The pre-pathogenesis phase represents the time before a disease agent interacts with a susceptible host, occurring within the environment. During this stage, primary prevention measures like health promotion and specific protection are applied to reduce the risk of future disease onset. Both statements accurately reflect how the timing of interventions aligns with the stages of disease development in public health, ensuring that preventive efforts are targeted at the most appropriate and effective moments.

100. (C) Building healthy public policy, creating supportive environments, and strengthening community action.
The Ottawa Charter for Health Promotion marked a major shift by moving beyond individual medical treatments toward broader societal interventions. It established a framework that emphasizes the importance of healthy public policies, environmental support, and active community engagement in promoting wellness. This holistic approach recognizes that health is created through the conditions of daily life rather than just through clinical care, making health promotion a shared responsibility across all sectors of society.

101. (B) High rates of malnutrition and school dropouts among girls.
High rates of malnutrition and school dropouts among girls are strong indicators of poor social development, which significantly impacts long-term health outcomes. These factors reflect underlying societal issues like poverty, lack of education, and gender inequity that increase vulnerability to disease. Addressing these social determinants is essential for improving population health, as improved literacy and nutrition for girls are consistently linked to lower infant mortality and better overall community wellness in the future.

102. (D) More subjective and relates to an individual's personal experience of life.
Wellbeing is a subjective concept that focuses on how an individual perceives and experiences their own life, including their levels of happiness and satisfaction. While health often involves objective physical and mental measurements, wellbeing is more about personal fulfillment and quality of life from the person's own perspective. This makes it a broader and more complex state that reflects an individual's unique values and life circumstances, going beyond simple medical or physiological indicators.

103. (A) The affordability and accessibility of medical services.
The health care system determinant focuses on the structural and functional aspects of medical services available to a population. Affordability and accessibility are key factors that determine whether individuals can receive timely and appropriate care when needed. Unlike individual lifestyle choices or genetic factors, this determinant is influenced by government policies, health financing, and the organization of clinical services, directly impacting the overall effectiveness of a nation's response to disease and injury.

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104. (A) Both A and R are true and R is the correct explanation of A.
Health indicators are essential tools in public health because they provide measurable data to assess the status of a community's well-being. They help identify specific health problems, monitor trends over time, and evaluate whether health programs and policies are achieving their intended goals. By using these standardized metrics, health managers can make informed decisions about resource allocation and prioritize interventions. Both the assertion and reasoning correctly describe the function and value of health indicators.

105. (A) Pre-pathogenesis
The natural history of disease describes the progression from initial exposure to the final outcome. Potential outcomes of a disease process include recovery, where the person returns to health, permanent disability, or death. Pre-pathogenesis is the initial phase before the disease begins, not a final outcome of

the pathological process itself. Understanding these distinct stages and possible conclusions is vital for healthcare professionals to implement appropriate prevention and treatment strategies at each point in the timeline.

106. (D) Tertiary prevention
Palliative care is a specialized form of medical care that focuses on providing relief from the symptoms and stress of a serious illness. It is a key component of tertiary prevention because it is applied when a disease is already established and significant, aiming to improve the quality of life for the patient and their family. This level of care emphasizes symptom management and support rather than curing the underlying condition, particularly in chronic or terminal stages.

107. (C) 1, 3, and 4 only
Primordial prevention focuses on preventing the emergence of risk factors through macro-level policies, while primary prevention aims to reduce risk in susceptible individuals who may already have some exposure. For example, banning smoking in public places is primordial, whereas a smoking cessation clinic is a primary intervention for individuals. Both are applied before the disease develops. Understanding these distinctions is critical for designing comprehensive public health strategies that address both societal conditions and individual behaviors effectively.

108. (C) Affecting the price and availability of essential medicines.
The TRIPS agreement establishes international standards for intellectual property rights, including patents on pharmaceutical products. These regulations can directly impact public health by influencing the cost and accessibility of essential medications, particularly in developing countries. By restricting the production of cheaper generic versions of patented drugs, trade agreements can make critical treatments unaffordable for large portions of the population, presenting a significant challenge for achieving health equity and universal access to life-saving medical care.

109. (D) To regulate their activities to ensure quality of care and patient safety.
A primary responsibility of the state toward the private health sector is to establish and enforce regulations that protect the public. This includes licensing healthcare providers, monitoring the quality of clinical services, and ensuring that safety standards are met across all facilities. By regulating the private sector, the government can prevent unethical practices and ensure that patients receive safe and effective care, regardless of whether the service is provided by a public or private entity.

110. (B) P-3, Q-2, R-4, S-1
Social medicine focuses on the social and economic roots of health, while globalization addresses the health impacts of increased international interconnectedness. The natural history of disease describes the progression of illness without medical intervention, and the levels of prevention provide a framework for various types of health interventions. Matching these core ideas helps in understanding the diverse approaches and theories that underpin modern public health practice and health system organization at different levels of society.

111. (B) A greater emphasis on applied, action-oriented health programs within defined populations.
The transition toward community health represented an evolution from the theoretical analysis of social factors in disease to the implementation of practical, population-based interventions. This shift prioritized direct action and the active involvement of people within specific geographic or social communities. By focusing on applied programs, health professionals aimed to achieve measurable improvements in wellness and disease control through localized and culturally appropriate strategies, moving beyond simple observation to active community engagement and empowerment.

112. (B) Environmental determinants of health
The sanitary awakening in the nineteenth century was a pivotal movement that recognized the profound impact of physical surroundings on human health. Spearheaded by figures like Edwin Chadwick, this effort focused on improving urban sanitation, waste disposal, and clean water supplies to combat infectious diseases like

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cholera. This milestone highlighted that many health problems are rooted in environmental conditions rather than just biological factors, laying the foundation for modern environmental health regulations and public infrastructure.

113. (A) It requires a continuum of care that is both accessible and affordable.
Comprehensive health care is built on the principle of providing a continuous range of services that are within reach for all members of society. This includes everything from health promotion and disease prevention to curative treatment and long-term rehabilitation. To be effective, this model must ensure that services are not only physically accessible but also economically affordable, preventing financial barriers from limiting essential care. This integrated approach ensures that the diverse health needs of communities are met.

114. (A) 3, 2, 4, 1
Public health efforts typically evolved starting with improvements in environmental sanitation and housing conditions. This was followed by the phase focused on controlling major infectious disease epidemics through vaccination and treatment. Later, the development of modern health systems and primary health care became a priority. Finally, the management of chronic diseases and the needs of aging populations have become central focuses in many developed nations. This chronological sequence reflects the changing disease patterns and priorities over time.

115. (D) Strong social cohesion and high levels of public trust.
High levels of social development in a community are typically characterized by strong social networks, mutual support, and a high degree of trust in public institutions. These elements of social cohesion are powerful determinants of health, as they provide emotional support and facilitate the effective implementation of public health programs. Communities with high social development are better equipped to address shared challenges and foster an environment where individuals can thrive both mentally and physically through collective action.

116. (C) A person's height
Determinants of health are the specific factors that influence the well-being and illness of individuals and populations. Core determinants include the availability of health services, socio-economic status, and the surrounding environment. While physical characteristics like height are influenced by genetics and nutrition, height itself is not considered an independent determinant of a person's health status in public health frameworks. Understanding the primary determinants is essential for developing effective strategies to improve health outcomes and reduce disparities.

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117. (B) 2 and 3 only
Effective health indicators must be sensitive to changes in the health status of a community and must produce valid and reliable data over time. While they are useful tools, they are not always universally applicable without modification for local contexts, nor do they provide a complete measure of every aspect of well-being. Focusing on sensitivity, validity, and reliability ensures that indicators accurately reflect reality and provide useful information for planning, monitoring, and evaluating health programs and policies.

118. (D) The clinical cases that are apparent and seek medical care.
In the iceberg phenomenon of disease, the "tip" represents the symptomatic and diagnosed cases that are visible to the healthcare system. These individuals exhibit clear clinical signs of illness and seek medical attention, making them easily countable. However, they represent only a small portion of the total disease burden. Below the surface lies a larger hidden mass of undiagnosed, asymptomatic, or subclinical cases that remain undetected but contribute to the overall prevalence and transmission of the condition.

119. (A) Both A and R are true and R is the correct explanation of A.
Community participation is widely regarded as a fundamental requirement for the success and sustainability of any public health program. When community members are involved in the planning and decision-making processes, the resulting programs are more likely to be culturally appropriate and responsive to local needs. this active engagement fosters a sense of

ownership, which increases the likelihood that services will be accepted and utilized effectively. Both the assertion and the reasoning are correct and interdependent.

120. (C) The early concept was biomedical (absence of disease), while the current one is holistic (physical, mental, social).
The concept of health has evolved from a narrow biomedical view that defined it simply as the absence of illness to a much broader holistic perspective. The modern WHO definition recognizes that physical, mental, and social dimensions are all essential components of well-being. This shift reflects a deeper understanding that health is influenced by a person's entire environment and psychological state, rather than just the presence or absence of biological pathogens or physical impairments in the body.

121. (A) Housing availability per capita
Socio-economic indicators are used to measure the broad social and economic conditions that influence population health. Per capita housing availability is a prime example of such an indicator, as it reflects the quality of living conditions and social infrastructure. Unlike morbidity or mortality indicators, which focus on specific diseases or deaths, socio-economic indicators help health officials understand the underlying structural factors that contribute to overall well-being and determine the vulnerability of communities to diversos health problems.

122. (D) Agent, Host, and Environment
The epidemiological triad is a foundational model used to understand the causation of infectious diseases. It posits that illness results from a complex interaction between a causative agent, a susceptible host, and the surrounding environment. The agent provides the source of infection, the host provides the venue for the disease to develop, and the environment facilitates the transmission and interaction between them. Understanding this triad is essential for designing effective interventions to break the chain of infection and prevent outbreaks.

123. (B) The interaction between the disease agent and the human host.
The pathogenesis phase describes the period after a disease agent has successfully entered the human body and begun to interact with the host's biological systems. During this stage, the agent multiplies and initiates pathological changes that eventually lead to clinical symptoms. This phase is distinct from pre-pathogenesis, where the interaction has not yet occurred. Understanding this interaction is critical for implementing secondary prevention measures, such as early diagnosis and prompt treatment, to stop or slow the disease process.

124. (A) P-2, Q-1, R-4, S-3
The "Health for All" goal was a central declaration of the Alma-Ata conference, while social determinants encompass the conditions in which people live and work. Comprehensive care represents the integration of preventive, curative, and rehabilitative services, and community health focuses on the wellness of a defined geographic population group. Matching these concepts with their key features provides a clear overview of the major frameworks and objectives that guide modern public health and healthcare delivery globally.

125. (D) Primordial prevention
Primordial prevention focuses on preventing the emergence of risk factors through macro-level policies and environmental changes. Increasing taxes on tobacco products is a public policy intervention designed to reduce overall consumption and prevent individuals from starting to smoke. By targeting the underlying societal drivers of health-harming behaviors, this level of prevention aims to protect the entire population before individual risks develop, making it a critical strategy for addressing the global epidemic of chronic non-communicable diseases.

126. (A) A dietary shift towards higher consumption of fats, sugars, and processed foods.
Globalization has facilitated a "nutrition transition" in many parts of the world, where traditional diets are replaced by highly processed and energy-dense foods. This shift is driven by global marketing and the expansion of international food chains, making unhealthy options more accessible and affordable. This change in dietary patterns is a major contributor to the rising global prevalence of obesity and related chronic conditions, highlighting the

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significant impact of global market forces on population-wide health and nutrition status.

127. (B) 1, 3, and 4 only
The state serves as the steward of the health system, providing governance and policy leadership. The private sector contributes through service delivery and technological innovation, and a successful system relies on a dynamic interplay between the state, private sector, and community. However, communities should be active partners rather than passive recipients, and the private sector includes both for-profit and non-profit organizations. Recognizing these roles is essential for creating an effective and inclusive healthcare system for all.

128. (B) Social medicine and social epidemiology.
Social medicine and social epidemiology are disciplines founded on the understanding that health outcomes are not randomly distributed but are shaped by social, economic, and political structures. They examine how factors like class, race, and income influence the risk of disease and the availability of healthcare. This perspective recognizes that addressing health problems requires looking beyond individual biology to the broader societal conditions that create and maintain health inequities across different groups within a population or community.

129. (A) Puerperal (childbed) fever
Ignaz Semmelweis made a foundational contribution to public health by demonstrating that simple handwashing could significantly reduce the transmission of puerperal fever among women in maternity wards. This discovery highlighted the importance of basic hygiene and sanitation in preventing the spread of infectious agents in medical settings. His work laid the groundwork for modern infection control practices and emphasized that many healthcare-associated infections can be prevented through systematic cleanliness and adherence to basic sanitary principles by medical staff.

130. (C) The ability to maintain harmonious relationships with other people and society.
The social dimension of health measures an individual's capacity to interact effectively with others and their community. It involves forming and maintaining satisfying relationships, adapting to diverse social environments, and contributing to collective well-being. This dimension recognizes that human health is inextricably linked to social connectivity and support networks. While physical and mental dimensions address internal states, the social dimension focuses on the external interactions and social bonds that are essential for a fulfilling and healthy life.

131. (D) Health status improves incrementally with each step up the socio-economic ladder.
The "health gradient" is a widely observed phenomenon where individuals with higher socio-economic status consistently experience better health outcomes than those below them. This relationship exists across the entire social spectrum, meaning that even small improvements in income or education are associated with incremental health gains. This finding emphasizes that health inequities are not just a problem for the poorest members of society but are a systemic issue rooted in the unequal distribution of resources and opportunities.

132. (C) P-4, Q-3, R-2, S-1
John Snow investigated cholera in London, while Edwin Chadwick authored the landmark report on the sanitary condition of the laboring population. Robert Koch identified the bacteria responsible for anthrax, tuberculosis, and cholera, and Jonas Salk developed the first successful polio vaccine. Mapping these figures with their major contributions illustrates the diverse paths through which public health and medical science have evolved, from environmental sanitation and epidemiological investigation to microbiology and the development of life-saving vaccinations.

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133. (B) Gross Domestic Product (GDP)
Gross Domestic Product is a measure of a nation's economic output but is not considered a direct indicator of health and well-being. While economic resources influence health, GDP does not account for the distribution of wealth or the quality of social services. In contrast, indicators like the Human Development Index, Life Expectancy, and Disability-Adjusted Life Years provide more direct and comprehensive measures of the physical, mental, and social wellness of a population and its development progress.

134. (A) 1, 2, 3 and 5 only
The WHO definition remains a foundational goal, while wellbeing is a broader concept including subjective satisfaction. Health indicators are essential for planning and evaluation, and the ecological concept views health as a dynamic balance with the environment. however, a low infant mortality rate is a positive indicator of good socio-economic development rather than poor status. Recognizing these correct concepts is fundamental for accurately assessing population health and the effectiveness of health systems and social policies worldwide.

135. (A) Pathogenesis phase
The pathogenesis phase begins as soon as the disease agent, such as the tuberculosis bacilli, enters the human body and starts to interact with the host. Even if the individual remains asymptomatic because their immune system controls the infection, the pathological process has already been initiated. Latent infections represent a subclinical stage within the pathogenesis phase where the disease is present but not clinically apparent. Understanding this phase is critical for early detection and potential preventive treatment measures.

136. (C) Secondary
Secondary prevention focuses on identifying and treating diseases in their earliest stages to halt their progress and prevent complications. The core strategies of this level of prevention are "early diagnosis and prompt treatment." By using screening and diagnostic tests, health professionals can detect asymptomatic cases in the early pathogenesis phase. Providing immediate medical intervention at this point improves the prognosis for the individual and can also help reduce the further transmission of infectious diseases within the community.

137. (D) All of the above
Globalization presents several significant challenges to public health, including the rapid international spread of infectious diseases and the "brain drain" of healthcare professionals from developing nations. It also facilitates the global marketing of unhealthy products and lifestyles, contributing to chronic disease epidemics. Furthermore, international trade agreements can sometimes weaken national health regulations and restrict access to affordable medicines. All these factors highlight the complex and multifaceted negative impacts that increased global interconnectedness can have on population health.

138. (D) The government's responsibility for the overall welfare of the population and the performance of the health system.
Stewardship is a core function of health system governance, representing the government's role in providing leadership, vision, and oversight. It involves formulating national policies, regulating all health providers, and ensuring that resources are allocated equitably to meet the population's needs. While the state may provide services directly, its stewardship role focuses on the overall performance and accountability of the entire health system to protect and promote the well-being of all citizens through effective and ethical governance.

139. (A) Both A and R are true and R is the correct explanation of A.
Addressing social determinants like education and housing is a long-term strategy because these factors shape health outcomes across the entire life course. Improvements in social conditions often lead to gradual changes in population health patterns that may take years or even generations to become fully apparent. This long-term perspective is essential for sustainable health improvement, as it addresses the underlying causes of disease rather than just the immediate biological symptoms, requiring consistent policy commitment.

140. (C) Social and Community Medicine
The evolution from clinical medicine toward social and community medicine signifies a major shift in perspective and focus. While clinical medicine prioritizes diagnosing and treating individual patients, social and community medicine emphasizes the health of entire populations and the prevention of disease. This transition recognizes that wellness is profoundly influenced by social, economic, and environmental factors, necessitating a broader approach that involves community participation and action to address the root causes of health problems.

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141. (D) The deplorable living conditions and high mortality rates in industrial cities.
The "Great Sanitary Awakening" of the nineteenth century was a direct response to the horrific conditions created by rapid industrialization and urbanization. Overcrowding, lack of clean water, and poor waste management in industrial cities led to devastating epidemics and high mortality rates among the working class. This public health movement highlighted the necessity of environmental sanitation and infrastructure, leading to major reforms that significantly improved population health and established the foundation for modern urban public health systems.

142. (A) Diagnosing and treating an illness like pneumonia.
The curative component of comprehensive health care focuses on the diagnosis, management, and treatment of existing diseases and injuries. Its primary goal is to alleviate symptoms, restore health, and prevent further complications or death through clinical intervention. While preventive and promotive services aim to keep people healthy, curative services are essential for addressing the medical needs of those who have already become ill. This component represents a critical part of the continuum of care within any health system.

143. (B) Improved health can enhance social and economic development, and improved social development can lead to better health.
The relationship between social development and health is bidirectional and mutually reinforcing. Better social conditions, such as improved education and income, lead to better population health outcomes. Conversely, a healthy population is more productive and capable of contributing to the social and economic progress of a nation. This reciprocal link emphasizes that investing in health is not just a moral imperative but also a strategic economic and social investment that benefits society as a whole over time.

144. (B) P-3, Q-1, R-2, S-4
Primary prevention focuses on health promotion and specific protection, while secondary prevention emphasizes early detection through methods like screening. Tertiary prevention is centered on rehabilitation and limiting disability, and primordial prevention involves action on the broad underlying social and environmental determinants through policy. Matching these levels with their specific modes of intervention provides a comprehensive framework for understanding how public health and medical professionals can intervene at different stages of the disease process to improve outcomes.

145. (A) Access to safe drinking water
Environmental determinants of health encompass the physical, biological, and social surroundings that influence the well-being of individuals and communities. Access to safe drinking water is a primary example of a physical environmental determinant, as it is essential for preventing waterborne diseases and maintaining basic hygiene. Unlike internal biological factors or personal lifestyle choices, these determinants are often shaped by public infrastructure, government regulation, and the overall quality of the local and global environment in which people live.

146. (C) Life expectancy free of disability.
Sullivan's Index is a refined health indicator that measures the number of years an individual can expect to live in a state of good health, free from significant disability. It provides a more nuanced view of population wellness than crude life expectancy, as it accounts for the quality of life and the burden of chronic conditions. This metric is particularly useful for assessing the long-term impact of aging and non-communicable diseases on the functional independence of a population.

147. (D) The infected host is capable of transmitting the infectious agent to others.
The period of communicability is the time during which an infectious agent can be transmitted directly or indirectly from an infected person to another susceptible individual. This period varies for different diseases and may begin before the onset of clinical symptoms and continue through the symptomatic phase and recovery. Understanding this period is critical for public health officials to implement effective control measures, such as isolation or quarantine, to prevent the further spread of an infectious disease outbreak.

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148. (C) Eliminating health differences that are systematic, avoidable, and unjust.
Health equity is the principle of ensuring that everyone has a fair opportunity to attain their full health potential. It focuses specifically on identifying and eliminating health differences that are rooted in social, economic, or environmental disadvantages. unlike health equality, which would provide the same resources to everyone regardless of need, health equity involves allocating resources based on the specific challenges faced by different groups to achieve a more just and fair distribution of health outcomes across society.

149. (D) All of the above
The state holds a comprehensive and multifaceted responsibility in the health sector. This includes the direct provision of clinical services through a network of public hospitals and clinics, as well as the regulation of private health providers to ensure quality and safety. Furthermore, the government is responsible for formulating national health policies and providing the necessary financing for public health programs. All these actions are essential components of the state's role in protecting and promoting the well-being of its citizens.

150. (A) Both Statement I and Statement II are true.
In many countries, the state maintains significant regulatory oversight of the private health sector to protect the interests of patients and the broader public. This includes licensing requirements, quality standards, and ethical guidelines that all providers must follow. The government's responsibility is to ensure that healthcare, whether provided by public or private entities, meets established standards of safety and effectiveness. Both statements accurately reflect the important role of the state in governing and regulating the diverse actors within a health system.

151. (A) The development of the first successful human heart transplant.
While a human heart transplant is a major milestone in surgical and clinical medicine, it is not traditionally considered a primary milestone in the history of public health. Public health focuses on population-wide interventions like the discovery of penicillin, the eradication of smallpox, and the Alma-Ata Declaration on primary care. These achievements have a massive impact on the well-being of entire communities, whereas individual surgical breakthroughs, although significant, represent advancements in specialized curative medicine rather than broad public health strategy.

152. (C) A patient's health journey is managed seamlessly across different levels of care (preventive, curative, etc.).
The integration of services is a core principle of comprehensive health care, ensuring that individuals receive a coordinated and continuous range of care throughout their lives. This means that preventive, promotive, curative, and rehabilitative services are linked through effective referral systems and communication between different healthcare providers. This approach avoids the fragmentation of care and ensures that the patient's needs are addressed holistically as they move between different levels of the health system, from primary to tertiary care.

153. (A) An improvement in overall population health status.
Enhancing female literacy and empowerment is consistently recognized as one of the most powerful drivers of improved population health. Educated and empowered women are more likely to make informed health choices for themselves and their families, leading to better nutrition, sanitation, and utilization of healthcare services. This social progress directly contributes to lower infant mortality rates, increased life expectancy, and a general improvement in the health and well-being of the entire community, illustrating the deep link between social development and wellness.

154. (A) P-4, Q-3, R-2, S-1
The prevalence of diabetes serves as a morbidity indicator, while the crude death rate is a standard mortality indicator. The bed-occupancy rate is used to measure the utilization and efficiency of health services, and the adult literacy rate is a social indicator reflecting a community's level of development. Matching these indicators with their specific examples helps in understanding the diverse types of data used by public health professionals to monitor and evaluate the health and social status of a population.

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155. (B) Infectious diseases
The agent-host-environment model is a traditional epidemiological framework primarily used to understand the causes and transmission of infectious diseases. It focuses on the dynamic interaction between a causative biological agent, a susceptible human host, and the surrounding environment that facilitates exposure. By analyzing these three components, health officials can identify the best points for intervention, such as eliminating the agent, strengthening the host's immunity, or modifying the environment to break the chain of infection and control outbreaks.

156. (C) Performing a Pap smear to detect early-stage cervical cancer.
Secondary prevention focuses on the early detection and treatment of a disease to halt its progression and prevent more serious consequences. Performing a Pap smear is a classic example of this level of prevention, as it aims to identify pathological changes in asymptomatic individuals during the early pathogenesis phase. This differs from primary prevention like fortification or legislation, which occur before any disease starts, and tertiary prevention like providing walking aids, which addresses permanent disability after the disease has caused significant damage.

157. (B) 2, 3 and 4 only
Community participation is an empowering process that encourages individuals and groups to take control of their own health and environment. It is described as a "bottom-up" approach because it starts with the needs and voices of the community itself rather than being dictated from above. This involvement ensures that programs are socially and culturally acceptable, which increases their effectiveness and sustainability. Recognizing these characteristics is essential for implementing the primary health care approach and fostering self-reliant communities.

158. (A) The WHO's holistic concept
The WHO definition of health as a state of complete physical, mental, and social well-being is often criticized for being too idealistic and difficult to measure objectively. While it provides a positive and comprehensive goal, the term "complete" well-being is viewed as unattainable for most people and lacks clear operational markers for research and policy evaluation. Despite these criticisms, the holistic concept remains a guiding principle in global health, encouraging a broader perspective on wellness beyond simple biomedical indicators.

159. (A) 3, 1, 2, 4
The timeline of major public health events begins with the founding of the WHO in 1948. This was followed by the publication of the Lalonde Report in Canada in 1974, which introduced the health field concept. Subsequently, the Alma-Ata Conference on Primary Health Care took place in 1978. Finally, the Ottawa Charter for Health Promotion was established in 1986. Following this chronological sequence helps in understanding the evolution of global health policy from institutionalization to promotion and primary care focus.

160. (B) An attribute or exposure that is associated with an increased probability of a disease outcome.
A risk factor is a specific characteristic or exposure that increases an individual's likelihood of developing a particular disease. It is not necessarily a definitive cause but rather a statistically associated factor that contributes to the overall probability of illness. Common risk factors include smoking, poor diet, and exposure to environmental toxins. Identifying and managing these factors is a core part of primary and primordial prevention, as it allows for interventions that reduce the future burden of chronic and infectious diseases.

161. (A) An organized and comprehensive health care system.
A functional referral system is a key feature of a well-organized and comprehensive health care system. It ensures that patients receive the most appropriate level of care based on their needs, starting at the primary level and moving to secondary or tertiary facilities when necessary. This structure promotes the efficient use of resources and ensures that specialized services are reserved for those who truly need them, while providing a seamless continuum of care for the entire population through coordinated medical services.

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162. (C) Broadened the concept of health to include lifestyle, environment, and human biology, creating the 'health field concept'.
The Lalonde Report was a groundbreaking document that officially recognized that health is determined by more than just medical care. It introduced the "health field concept," which identifies four main categories of determinants: human biology, the environment, lifestyle choices, and the organization of the healthcare system. This broader perspective marked a significant shift in public health thinking, emphasizing that improvements in population wellness require addressing individual behaviors and environmental conditions alongside investments in clinical services and medical technology.

163. (D) Is unable to form and maintain relationships.
The social dimension of health specifically relates to an individual's ability to interact with others and maintain satisfying interpersonal bonds. When a person is unable to form and sustain healthy relationships, their social dimension of health is compromised. This can lead to isolation and lack of social support, which are known to have negative impacts on both mental and physical well-being. Recognizing this dimension highlights that health is not just about the internal state of the body but also about social connectivity.

164. (B) Both A and R are true but R is not the correct explanation of A.
The private health sector is indeed a major provider of medical services in many countries, offering additional capacity and specialized care. While it is true that unregulated growth in this sector can lead to problems like inequity and rising costs, this potential negative consequence is not the primary reason why the private sector has become such a significant provider. Both statements accurately reflect different aspects of the private sector's role and challenges, although they are not linked in a direct causal relationship.

165. (B) Environment
Investing in public parks, street lighting, and bicycle lanes focuses on modifying the physical and social surroundings to promote health. According to the health field concept, these interventions primarily address the "environment" determinant. By creating a more supportive and safer physical environment, the city encourages physical activity and social interaction, which can lead to better overall health outcomes for the population. This approach recognizes that the conditions of the places where people live have a significant impact on their lifestyle and wellness.

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166. (D) Age-Standardized Death Rate
When comparing mortality between countries with different age structures, the age-standardized death rate is the most appropriate indicator. It uses a mathematical adjustment to remove the effects of age differences, allowing for a fairer comparison of the underlying risk of death. Crude death rates can be misleading if one country has a much older population than another. Age standardization ensures that the observed differences in mortality are due to actual health conditions and healthcare quality rather than just demographic variations.

167. (A) 1, 3, and 5 only
Tertiary prevention aims to manage disability and minimize suffering after a disease has occurred, while primary prevention focuses on health promotion and specific protection. Primordial prevention operates at the macro level through public policy. However, screening is an example of secondary prevention, not primary, and all levels of prevention involve various sectors beyond just hospital-based doctors. Understanding these correct principles is essential for developing comprehensive and multi-sectoral strategies to improve population health and effectively manage different stages of illness.

168. (C) It can subordinate national health priorities to international trade and economic policies.
One of the major challenges of globalization for national health systems is the potential for international trade and economic agreements to take precedence over public health needs. Global policies can sometimes restrict a country's ability to regulate harmful products or produce affordable generic medicines. This can undermine national health strategies and make it difficult for governments to prioritize the well-being of their own populations over the interests of global markets and international corporations, potentially worsening health inequities and outcomes.

169. (B) P-4, Q-3, R-2, S-1
The Bhore Committee report envisioned comprehensive health care for India, while the Alma-Ata conference established the goal of "Health for All" through primary care. The Shattuck Report served as a blueprint for public health in the USA, and the Ottawa Charter provided a framework for health promotion. Matching these historical events with their significance provides a clear overview of how global and national health policies have been shaped by landmark documents and international agreements over time.

170. (D) To make the community self-reliant in health matters.
The ultimate goal of community participation in health is to empower individuals and groups to take responsibility for their own well-being and become self-reliant. This involves providing the community with the knowledge, resources, and power to identify their own health needs and implement local solutions. By fostering self-reliance, health systems can achieve more sustainable and culturally appropriate outcomes, moving beyond passive service delivery to a model where communities are active partners in their own health and development.

171. (B) "Social and economic conditions have a profound impact on health and disease."
The core philosophy of social medicine is the recognition that human health is shaped by the social, economic, and political context of society. It advocates for addressing the root causes of disease, such as poverty, poor housing, and lack of education, rather than just treating the biological symptoms of illness. This perspective emphasizes that medicine is a social science and that improving population health requires broad social reforms and inter-sectoral action to create a more just and healthy society for all.

172. (C) Reliance on high-cost, specialized technology
Primary Health Care is based on principles that prioritize equity, community participation, and the use of appropriate and affordable technology. It aims to make essential healthcare accessible to everyone through decentralized services and inter-sectoral coordination. A reliance on high-cost, specialized technology contradicts these principles, as it often creates barriers to access and consumes a disproportionate amount of health resources. PHC focuses on sustainable and socially acceptable interventions that address the most common health problems of the entire population at a cost society can afford.

173. (D) Improvements in human capabilities, social justice, and quality of life.
Social development is a holistic concept that goes beyond mere economic growth to include improvements in the overall quality of human life. It focuses on enhancing human capabilities, promoting social justice, and ensuring that the benefits of progress are shared equitably across society. This includes better access to education, healthcare, and basic rights. By addressing these social factors, social development creates a foundation for improved population health and well-being that economic metrics alone cannot fully capture or represent.

174. (B) 1, 2 and 3 only
Determinants of health are interconnected factors, including non-modifiable biological and genetic traits, that collectively influence health status. The "social gradient" is a key finding that demonstrates how health outcomes improve with higher socio-economic status. However, it is incorrect to say that health behaviors are solely a matter of individual choice, as they are profoundly influenced by social and economic conditions. Understanding these complex relationships is essential for developing public health interventions that address both individual lifestyles and broader societal influences.

175. (B) Life expectancy at birth
A positive health indicator is a metric where a higher value represents a better health status for a population. Life expectancy at birth is a classic example, as a longer average lifespan reflects better overall health, nutrition, and healthcare quality. In contrast, indicators like the prevalence of disability, crude death rates, and the incidence of diseases are negative indicators, as higher values represent a worse health situation. Using positive indicators helps health officials measure the progress and success of health and social policies.

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176. (C) P-4, Q-1, R-2, S-3
The physical dimension addresses bodily soundness, while the mental dimension focuses on reasoning and clear thinking. The social dimension involves harmonious relationships with others, and the spiritual dimension relates to personal integrity, principles, and ethics. Matching these dimensions with their specific attributes provides a comprehensive view of the holistic concept of health. Recognizing each of these components is essential for a complete assessment of an individual's well-being beyond just the physical state or the absence of diagnosed medical illness.

177. (D) All of the above
These examples correctly illustrate the different levels of prevention applied in public health. Primary prevention includes specific protection like wearing a seatbelt to prevent injury. Secondary prevention involves screening for early detection of conditions like high blood pressure. Tertiary prevention focuses on rehabilitation, such as helping an injured worker return to work. Primordial prevention targets macro-level risks through media campaigns to prevent the emergence of harmful habits in the entire population. All these strategies are essential components of a comprehensive health program.

178. (C) Access to medical technology and knowledge from developed countries.
A potential benefit of globalization for developing countries is the rapid transfer of medical knowledge and advanced healthcare technologies across international borders. Digital connectivity and global partnerships allow health professionals in resource-limited settings to access the latest research and treatment protocols. This can lead to improved clinical outcomes and the adoption of more effective public health strategies. While globalization also presents challenges, the enhanced flow of information and medical innovation can significantly strengthen the health systems of developing nations.

179. (A) 1, 2, 3 and 5 only
The state provides governance and financing, while the private sector offers efficiency and responsive service delivery. Community participation is essential for accountability, and NGOs help fill gaps in care. However, an ideal health system is rarely made of only one sector but rather involves a partnership between all these diverse actors. Recognizing the strengths and contributions of the state, private sector, and community is vital for building a robust and effective healthcare system that meets the population's needs.

180. (C) Harbors the infectious agent without showing clinical signs of the disease but can transmit it.
A carrier is an individual who is infected with a pathogen but does not exhibit any recognizable clinical signs or symptoms of the illness. Despite being asymptomatic, they can still transmit the infectious agent to other susceptible people, making them a significant challenge for disease control and surveillance. Identifying and managing carriers is particularly important for preventing the spread of diseases like hepatitis B or typhoid, where they can unknowingly serve as a source of ongoing infection within a community.

181. (C) Statement I is true, but Statement II is false.
The Bhore Committee report of 1946 was a landmark document that introduced the concept of comprehensive health care in India. This model emphasizes an integrated approach that includes not only curative treatments but also preventive, promotive, and rehabilitative services. The vision was to provide a continuum of care that addresses all the health needs of the population, particularly through a network of primary health centers. Therefore, the claim that it focuses only on hospital-based curative treatments is incorrect.

182. (D) Disability-Adjusted Life Year (DALY)
The Disability-Adjusted Life Year is the most comprehensive measure for assessing the total burden of chronic diseases. It combines the impact of premature mortality with the burden of living with a disability or poor health into a single metric. Unlike crude death rates or incidence rates, which only capture one aspect of disease, the DALY provides a more complete picture of how a condition affects the overall health and functional independence of a population, making it an essential tool for health planning.

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183. (A) High birth and high death rates to low birth and low death rates.
The demographic transition is a historical model that describes the shift in a population's birth and death rates as a society develops economically and socially. Initially, both rates are high, resulting in slow population growth. As sanitation and medicine improve, death rates fall first, leading to rapid growth. Eventually, birth rates also decline, and the population stabilizes with low rates of both. This transition has significant implications for a nation's age structure and the demand for different types of health services.

184. (A) Both A and R are true and R is the explanation of A.
Secondary prevention is a proactive strategy aimed at halting the progress of a disease during its early stages. It achieves this by identifying asymptomatic cases as soon as possible through screening and diagnostic tests. By providing prompt and appropriate treatment during this initial phase of the pathogenesis process, healthcare systems can prevent more serious complications and improve the long-term health outcomes for the individual. The assertion and reasoning together correctly describe the core objective and mechanism of this level of prevention.

185. (A) The impact of globalisation on health services.
Medical tourism, where individuals travel to other countries to receive medical treatment, is a clear manifestation of the impact of globalization on health services. This trend is driven by increased international travel, the flow of medical information, and differences in the cost and quality of care between countries. It reflects a globalized market for healthcare where patients seek out the most suitable options regardless of national borders, presenting both opportunities and challenges for the health systems and regulations of both source and destination nations.

186. (D) Identifying its own health needs and priorities.
In the community health model, the primary responsibility of the community is to be an active partner in its own well-being. This involves identifying its unique health needs and setting priorities for local action. By participating in this way, the community ensures that health programs are relevant and culturally appropriate. This empowerment shifts the focus from a top-down medical approach to a collaborative model where people are actively involved in the planning and implementation of strategies to improve their own health and environment.

187. (B) The WHO definition of health is purely biomedical.
The claim that the WHO definition of health is purely biomedical is incorrect. The WHO definition explicitly includes physical, mental, and social dimensions, representing a holistic and positive view of well-being beyond just the absence of disease. Other statements accurately reflect the links between social development and health, the fact that the natural history of a disease can be altered through intervention, and that globalization has both positive and negative impacts. Recognizing the broad nature of health is fundamental to modern public health philosophy.

188. (C) It is diverse, ranging from solo practitioners to large corporate hospitals.
The private health sector is characterized by its significant diversity in both the scale and type of providers. It encompasses everything from individual doctors running small clinics to massive corporate-owned hospital networks and diagnostic chains. This diversity allows the private sector to offer a wide range of services and respond to various patient needs and demands. Understanding this varied landscape is essential for the state to effectively regulate the sector and ensure that all private providers contribute to the overall goals of the national health system.

189. (B) P-4, Q-3, R-1, S-2
Social medicine focuses on the social and economic causes of disease, while community health addresses the wellness of defined groups with their active participation. Public health involves organized community efforts for overall health, and clinical medicine is centered on the diagnosis and treatment of individual patients. Matching these terms with their focus areas helps clarify the different disciplines within the medical and healthcare fields and their respective

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approaches to improving human well-being at both individual and population levels.

190. (A) Contaminated water and poor sanitation.
A major achievement of nineteenth-century public health was the discovery that devastating diseases like cholera and typhoid were primarily transmitted through contaminated water and inadequate waste disposal. This understanding led to the "Great Sanitary Awakening" and the implementation of major infrastructure projects for clean water and modern sewage systems. These environmental interventions dramatically reduced the prevalence of infectious diseases in industrial cities, proving that population health can be significantly improved through systematic improvements in environmental hygiene and public utilities.

191. (B) Comprehensive Health Care
Providing a full continuum of medical and social services, ranging from health promotion and disease prevention to curative treatment and rehabilitation, is the core essence of comprehensive health care. This model aims to meet all the health needs of individuals and communities throughout their lives through an integrated and coordinated system. By spanning the entire spectrum of care, it ensures that people receive the most appropriate interventions at every stage of their health journey, promoting overall wellness and effective disease management.

192. (B) Social/economic development and health.
The strong correlation between a nation's per capita GDP and its average life expectancy is clear evidence of the deep link between economic and social development and population health. Wealthier nations typically have better resources for nutrition, sanitation, education, and healthcare, all of which contribute to longer lifespans. This relationship emphasizes that improving the overall economic and social status of a population is a powerful and necessary strategy for achieving better health outcomes and increasing longevity across the entire society.

193. (A) Having a sense of purpose and meaning in life.
The spiritual dimension of health is the part of human well-being that addresses an individual's sense of purpose, meaning, and connection to something larger than themselves. It includes their personal values, ethics, and internal peace. Unlike physical health, which focuses on bodily systems, or social health, which focuses on relationships, the spiritual dimension is about the deeper psychological and philosophical aspects of life that help people find value and direction in their daily existence and navigate challenges with resilience.

194. (B) 1, 3 and 4 only
Determinants of health are categorized into human biology, environment, lifestyle, and health care organization, as described in the Lalonde Report. Socio-economic status is a powerful determinant, and addressing these factors requires action across multiple sectors. however, behavioral determinants are not independent; they are deeply influenced by social and economic conditions. Understanding these correct principles is essential for creating effective public health policies that address the complex and interconnected factors that shape the health and well-being of individuals and populations.

195. (D) Case-Fatality Rate
The case-fatality rate is a specific measure of the severity or virulence of a disease. it represents the proportion of individuals diagnosed with a certain condition who subsequently die from it within a specified period. This indicator helps health officials understand the risk of death associated with a particular illness once it has been contracted. Unlike crude death rates, which apply to the whole population, the case-fatality rate is focused specifically on those who have already become ill.

196. (C) Pathogenesis phase
The pre-symptomatic stage is part of the pathogenesis phase because it occurs after the disease agent has already interacted with the host and initiated pathological changes. During this stage, the disease is present and progressing within the body, even though the individual has not yet developed any recognizable signs or symptoms. Recognizing this hidden period is essential for secondary prevention efforts, as it provides an opportunity to detect and treat the illness early, potentially preventing it from ever reaching a symptomatic or severe stage.

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197. (B) Tertiary prevention
Occupational therapy for a stroke patient is a prime example of tertiary prevention. At this stage, the disease has already occurred and caused significant damage, and the focus is now on rehabilitation and disability limitation. The goal is to help the individual regain as much functional independence and quality of life as possible by teaching them how to adapt to their impairments and perform daily tasks. This level of intervention is essential for minimizing the long-term impact of established illnesses and injuries.

198. (D) Globalisation
The homogenization of culture, where local dietary habits and lifestyles are increasingly replaced by global patterns influenced by international marketing, is a direct impact of globalization. Global media and multinational corporations promote standardized products and energy-dense diets across the world, often leading to a shift away from healthy traditional practices. This cultural influence is a significant factor in the rising global burden of lifestyle-related chronic diseases, demonstrating how economic and cultural interconnectedness can profoundly shape the health behaviors and outcomes of diverse populations.

199. (A) 1, 2, and 3 only
In an effective health system, the state provides stewardship and regulation, the community actively participates and takes ownership of its health, and the private sector contributes through service provision and innovation. However, it is incorrect to suggest that the state should be the sole provider or that the community should be a passive recipient. Recognizing the specific and complementary roles of these three actors is vital for achieving the goals of an integrated, inclusive, and effective national healthcare system.

200. (C) Rudolf Virchow
Rudolf Virchow, a prominent German physician and pathologist of the nineteenth century, is famously credited with the statement that politics is "nothing else but medicine on a large scale." He believed that the health of a population is profoundly shaped by the social and political structure of society. This core philosophy led him to advocate for social and economic reforms as primary tools for improving public health, establishing him as a foundational figure in the development of social medicine and public health policy.

201. (A) 1980
The eradication of smallpox is considered one of the greatest achievements in the history of global public health. Following a massive and coordinated international campaign lead by the World Health Organization, the disease was officially declared eradicated by the World Health Assembly in May 1980. This milestone proved that even the most devastating infectious diseases could be eliminated through global cooperation, systematic vaccination, and rigorous surveillance, providing a powerful model for future efforts to combat other major threats to human health worldwide.

202. (D) Addresses the full spectrum of health needs, from prevention to rehabilitation.
A comprehensive health care system is defined by its ability to provide an integrated and continuous range of services. This means addressing all aspects of health, including promotion, prevention, curative treatment, and long-term rehabilitation. It is not about who runs the system or how much it costs, but about whether the system holistically meets the diverse health needs of the population throughout their lives. By providing this full continuum of care, the system ensures more effective and equitable health outcomes for everyone.

203. (B) A government program to improve female education leading to lower child mortality.
Improving female education is a classic example of social development that has a direct and profound impact on health. Educated mothers are better equipped to provide proper nutrition, sanitation, and healthcare for their children, which consistently leads to a significant reduction in infant and child mortality rates. This illustrates how investments in social factors like education create a foundation for improved physical well-being across generations, moving beyond simple medical interventions to address the underlying societal causes of poor health outcomes.

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204. (C) 2, 4, 1, 3
The natural history of an acute infectious disease typically begins with the entry of the organism into the human host. This is followed by a period of subclinical pathological changes while the host remains asymptomatic. Eventually, the disease progresses to the onset of recognizable clinical signs and symptoms. Finally, the process reaches an outcome, which could be full recovery, permanent disability, or death. Following this chronological sequence is essential for medical professionals to understand the disease process and implement appropriate interventions.

205. (D) Astrological sign
Core determinants of health include biological and genetic factors, personal behaviors and lifestyles, and the broad social and economic conditions of society. These are all established factors that have been scientifically proven to influence a person's physical and mental well-being. However, there is no scientific evidence to suggest that a person's astrological sign acts as a determinant of their health status or susceptibility to disease. Understanding the true determinants is critical for developing effective public health strategies and clinical interventions.

206. (A) Point prevalence
Point prevalence is a morbidity indicator that measures the proportion of a population that has a specific disease or condition at a single point in time. In this town, the 15% of adults with hypertension on the day of the survey represents the total burden of the condition within that group at that exact moment. This metric is useful for health planners to understand how many people currently need care or monitoring, providing a snapshot of the prevalence of chronic health problems.

207. (B) Community participation for health
The action taken by the local women's group to campaign for safe drinking water is a prime example of community participation. By identifying a critical local need and organizing to implement a solution, the community members are taking active responsibility for their own health and environment. This "bottom-up" approach ensures that health interventions are culturally appropriate and responsive to the community's priorities, fostering sustainability and self-reliance in managing local health challenges through collective and empowered local action.

208. (B) The outcome, which could be recovery, disability, or death
The final phase of the natural history of a disease is the outcome, representing the conclusion of the pathological process. Depending on the disease, the individual's underlying health, and any interventions received, this outcome can be a return to health through recovery, a state of permanent physical or mental disability, or death. Recognizing these possible final stages is essential for medical and public health professionals to evaluate the impact of diseases and the effectiveness of treatment and preventive measures throughout the disease timeline.

209. (C) A is true but R is false.
The private sector can indeed contribute to health systems through efficiency and technological innovation. However, this does not mean the state should withdraw or that full privatization is desirable. A well-functioning health system requires a strong state role in governance, financing, and regulation to ensure that services are equitable, affordable, and meet quality standards for all citizens. Therefore, the assertion about private sector contribution is true, but the reasoning suggesting complete state withdrawal is an incorrect and potentially harmful conclusion.

210. (C) Primary prevention
Specific protection, such as the administration of a vaccine, is a cornerstone of primary prevention. These measures are taken during the pre-pathogenesis phase to protect susceptible individuals from a particular disease agent before any infection occurs. By providing specific immunity or barriers, health professionals can prevent the onset of the disease entirely. This level of intervention is a highly cost-effective public health strategy that reduces the future burden of infectious diseases and protects both individuals and the entire community through population-wide immunity.

211. (D) Globalisation
The expansion of international fast-food chains and its influence on global dietary patterns is a health-related consequence of

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globalization. Global marketing and economic interconnectedness have made energy-dense and processed foods more widely available, often replacing traditional and healthier diets. This shift is a major driver of the global rise in obesity and related chronic conditions like diabetes and heart disease, illustrating how global economic and cultural forces can profoundly shape the health behaviors and outcomes of populations across different nations.

212. (C) Protect and promote the health of its population.
The most fundamental and overriding responsibility of any state is to protect and promote the well-being and health of its citizens. This is a core part of the social contract between the government and the people. To fulfill this mandate, the state must ensure access to safe environment, provide essential public health services, and regulate the healthcare system to ensure safety and equity. This broad responsibility guides all government actions, policies, and resource allocations in the realm of health.

213. (D) Statement I is false, but Statement II is true.
Community participation is not about health professionals dictating actions to the community. instead, it is about empowering the community to identify its own needs and take charge of its health as active partners. A core principle of community health is this empowerment, which fosters self-reliance and ensures that health programs are relevant and sustainable. While the first statement incorrectly describes a top-down model, the second statement accurately reflects the modern, participatory approach that is central to achieving community-wide health improvements.

214. (B) P-3, Q-4, R-1, S-2
Primordial prevention aims to prevent the emergence of risk factors, while the social gradient describes how health improves with higher socio-economic status. Brain drain refers to the migration of health workers, and comprehensive care represents a continuous range of services from prevention to rehabilitation. Matching these concepts with their associated ideas provides a clear overview of the diverse frameworks and challenges that define modern public health and international health systems at both societal and individual levels across the world.

215. (A) A growing recognition of the importance of social, economic, and environmental determinants of health.
The transition from a "medical era" to a "post-medical era" reflects a profound shift in health thinking. It signifies a move away from a narrow focus on clinical and biological interventions toward a broader understanding that health is primarily shaped by social, economic, and environmental factors. This recognition emphasizes that improving population wellness requires addressing the underlying conditions of life through multi-sectoral action and public policy, rather than just relying on medical treatments and individual healthcare services to manage existing illnesses.

216. (C) Making health care accessible, affordable, and acceptable to the community.
The Primary Health Care approach is fundamentally about ensuring that essential healthcare is available to everyone in a way that is socially and economically sustainable. This involves making services physically accessible, affordable for all income levels, and culturally acceptable to the community. By focusing on the most common health needs through appropriate technology and active community participation, PHC aims to achieve health equity and improve the well-being of entire populations, particularly the most vulnerable and underserved groups in society.

217. (A) The quality of its health system and the status of its social development.
A nation's maternal mortality ratio is a sensitive indicator that reflects both the effectiveness of its healthcare system and its overall level of social development. High-quality prenatal, delivery, and postpartum care are essential for reducing maternal deaths, while social factors like female literacy and empowerment also play a critical role. A declining maternal mortality ratio indicates progress in providing safe healthcare and improving the status of women, making it a key metric for evaluating the success of national health and social policies.

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218. (D) The ability to find satisfaction and enrichment from one's work.
The vocational dimension of health addresses the relationship between an individual's work and their overall well-being. It refers to the capacity to find personal satisfaction, meaning, and fulfillment in one's occupation. This dimension recognizes that work is a major part of life and that having a job that is meaningful and supportive contributes to positive mental and social health. Feeling valued and enriched by one's professional activities is an important component of a holistic view of human wellness.

219. (C) 1, 3 and 4 only
Health determinants include human biology, environment, lifestyle, and health care organization, as categorized by foundations like the Lalonde Report. Environmental factors encompass physical, biological, and social surroundings, and genetic predisposition is a key biological determinant. However, lifestyle choices are not independent; they are deeply influenced by social and economic conditions. Recognizing these correct principles is essential for developing comprehensive public health policies that address the complex and interconnected factors shaping the health and well-being of all individuals and entire populations.

220. (C) Years of Life Lost (YLL) and Years Lived with Disability (YLD).
The Disability-Adjusted Life Year is a composite metric that quantifies the total burden of a disease by summing two components. Years of Life Lost measures the impact of premature mortality, while Years Lived with Disability accounts for the time spent in poor health or with a functional impairment. By combining these two measures, the DALY provides a single, standardized number that represents the overall impact of a condition on both the quantity and quality of life in a population.

221. (D) Only a small fraction of the total number of cases in the community.
The iceberg phenomenon suggests that for many diseases, the symptomatic and diagnosed cases that are known to health officials represent only a very small part of the total disease burden. This "tip" of the iceberg is far outnumbered by a hidden mass of subclinical, asymptomatic, or undiagnosed cases in the community. This concept highlights the importance of active screening and surveillance, as relying only on apparent clinical cases can lead to a significant underestimation of the actual prevalence and transmission of an illness.

222. (A) Primary prevention
Fortifying food with essential nutrients like folic acid is a classic example of primary prevention through specific protection. This intervention is applied to the entire population or specific groups during the pre-pathogenesis phase to prevent the occurrence of health problems like neural tube defects before they can even start. By ensuring that individuals have adequate levels of necessary vitamins, this public health strategy reduces the future incidence of birth defects and improves the overall well-being of the population in a highly cost-effective manner.

223. (B) Regulatory
The state's function of licensing medical professionals and ensuring that healthcare facilities meet specific safety and quality standards is a prime example of its regulatory role. This function is essential for protecting the public from unsafe or unethical medical practices. By setting and enforcing these standards, the government ensures that all health providers, whether public or private, adhere to certain levels of care and safety, thereby maintaining trust in the healthcare system and protecting the fundamental rights and health of all citizens.

224. (B) 1, 2, 3 and 4 only
Globalization can benefit health through the rapid sharing of information about outbreaks, increased access to diverse medical technologies, and international research collaborations. It also facilitates the establishment of global health funds and initiatives. however, it is incorrect to claim that globalization has reduced the "brain drain" of health professionals; in fact, it has often facilitated their migration from developing to wealthier countries. Recognizing these correct positive impacts is important for understanding the potential benefits of international cooperation in public health.

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225. (A) Maternal and child health.
The historical roots of community health are deeply linked to organized efforts to improve the well-being of mothers and children at the local level. These programs focused on providing essential services like prenatal care, immunization, and nutritional support within specific geographic communities. This early focus recognized that the health of families is the foundation of community wellness. These localized initiatives eventually evolved into the broader field of community health, emphasizing population-based action and the active participation of people in managing their own health.

226. (C) Comprehensive Health Care
A health system that aims to provide a continuous range of services for an individual from conception until death embodies the principle of comprehensive health care. This "womb to tomb" approach ensures that patients receive preventive, promotive, curative, and rehabilitative services throughout every stage of their life cycle. By integrating these different levels of care into a seamless system, comprehensive health care aims to address all health needs holistically and ensure the highest possible level of well-being for the entire population over time.

227. (D) The difference is systematic, socially produced, and unfair.
The concept of health inequity focuses on health differences that are not just random or biological but are created by social and economic conditions. These differences are considered systematic because they follow patterns across society and socially produced because they result from human-made policies and structures. Crucially, inequity implies that these differences are unjust and unfair. Addressing health inequity involves identifying and eliminating these avoidable and socially determined barriers to ensure that everyone has an equal opportunity to achieve optimal health.

228. (C) Political
In traditional public health and medical frameworks, health is considered a multidimensional concept with several recognized components, including physical, mental, and social dimensions. These areas address the functioning of the body, psychological well-being, and interpersonal relationships. While political conditions are a powerful determinant of health because they shape policies and resource allocation, "political" is not traditionally listed as a direct dimension of an individual's health status itself. Understanding these distinct dimensions is essential for a holistic and comprehensive assessment of human well-being.

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229. (B) Lifestyle
Personal choices regarding dietary patterns, levels of physical activity, and the use of harmful substances like tobacco are all classified under the "lifestyle" determinant of health. These behaviors have a significant impact on an individual's risk for various chronic and infectious diseases. While lifestyle is often seen as a matter of personal choice, it is also deeply influenced by social, cultural, and economic surroundings. Addressing this determinant is a core part of primary prevention, aiming to promote healthy habits that prevent the future onset of illness.

230. (D) Years of potential life lost
A negative health indicator is a metric where a higher value represents a worse health situation for a population. "Years of potential life lost" is a clear example of this, as it measures the impact of premature deaths. A higher number indicates that more people are dying at an early age, reflecting poor health and social conditions. in contrast, indicators like life expectancy, literacy rates, and nutritional status are positive, where higher values represent a better health and development status for the society.

231. (A) Secondary or Tertiary prevention
Interventions that occur during the pathogenesis phase are classified as either secondary or tertiary prevention. Secondary prevention focuses on the early stages of the disease, aiming to halt its progress through early diagnosis and prompt treatment. Tertiary prevention is applied during the late stages to manage disability and provide rehabilitation after the disease has already caused significant damage. Both levels of prevention are essential for minimizing the negative impacts of an illness once the pathological process has already begun in the individual.

232. (C) Globalisation
The establishment of international standards for disease surveillance by the WHO is a prime example of globalization's impact on health. This effort reflects the need for a coordinated global response to health threats in an increasingly interconnected world. By standardizing how diseases are monitored and reported across countries, globalization facilitates better international cooperation and faster detection of outbreaks. This collective action is essential for protecting the health of all nations by ensuring that information and resources are shared effectively across borders to manage global health risks.

233. (A) The Primary Health Care (PHC) approach
The Primary Health Care approach is built on the fundamental principle that communities should be active partners in their own health care. This model emphasizes the importance of community participation in identifying needs, planning services, and implementing local health initiatives. By involving people directly, PHC ensures that services are relevant, culturally acceptable, and sustainable. This focus on the community's role distinguishes PHC from more top-down medical models and is essential for achieving the goal of equitable and accessible health care for all.

234. (D) The government allocating a budget for the national immunization program.
When a government allocates a specific budget for public health initiatives like a national immunization program, it is fulfilling its core role in health financing. This involves using public funds to ensure that essential services are provided to the entire population, regardless of their individual ability to pay. Financing is a critical function of the state in a health system, as it allows for the implementation of large-scale preventive and curative programs that are necessary for protecting and promoting the overall health of the nation.

235. (B) The science and art of preventing disease, prolonging life, and promoting health through organized society.
Public health is a broad and multi-disciplinary field focused on the health of entire populations. It involves organized efforts by society to improve physical and mental well-being through collective action. This includes everything from sanitation and infectious disease control to health education and the development of social systems for medical care. The ultimate goal of public health is to ensure the conditions in which people can be healthy, prioritizing prevention and the broad determinants of health to achieve better outcomes for all members of the community.

236. (C) The health sector must work with sectors like education, sanitation, and agriculture.
Inter-sectoral coordination is a fundamental principle of comprehensive health care, recognizing that wellness is influenced by factors beyond medical services. It involves the health sector working collaboratively with other areas like education, water and sanitation, and agriculture to address the broad determinants of health. By coordinating these efforts, governments can create more effective and sustainable policies that improve living conditions and promote health for the entire population. This integrated approach ensures that the root causes of health problems are addressed through multifaceted societal action.

237. (D) Statement I is false, but Statement II is true.
Social development and health are deeply and bidirectionally linked. Improvements in social factors such as better education, higher income, and gender equity are consistently shown to have a positive impact on the health status of a population. These conditions empower individuals, provide better resources for nutrition and hygiene, and improve access to health services. While the first statement incorrectly claims they are unrelated, the second statement accurately reflects the widely recognized reality that societal progress is a powerful and necessary driver of improved human wellness.

238. (A) Multifactorial causation theory
The multifactorial causation theory is the modern scientific model used to understand the origin of most diseases. It suggests that health and illness result from a complex interaction of multiple factors, including biological agents, individual behaviors, environmental conditions, and social structures. This model moves beyond simpler theories that identified only a single cause, such as a specific germ. By accounting for these

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diverse and interacting factors, public health professionals can develop more comprehensive and effective strategies for disease prevention and health promotion across entire populations.

239. (B) Incidence rate, used in epidemic investigations.
The attack rate is a specialized variant of the incidence rate that is primarily used during outbreaks or epidemic investigations. it measures the frequency of new cases in a specific population that has been exposed to a particular risk factor or infectious agent during a short period. This metric helps epidemiologists identify the source of the outbreak and evaluate the risk of infection among different groups. By tracking these new cases, health officials can implement targeted control measures to stop further transmission.

240. (B) Causation
The agent-host-environment triad is a traditional model used to understand the causation of infectious diseases. it focuses on the dynamic interaction between a causative agent, a susceptible host, and the surrounding environment that facilitates exposure. By analyzing these three components, health professionals can determine how a disease develops and identify the best points for intervention to break the chain of infection. This model is essential for epidemiological research and the development of effective strategies to prevent and control outbreaks within communities.

241. (A) All levels of prevention
Health education is a versatile and essential tool that is used across every level of prevention. In primary and primordial prevention, it promotes healthy habits and policies to prevent disease onset. In secondary prevention, it encourages screening and early detection. In tertiary prevention, it helps patients manage chronic conditions and rehabilitation to limit disability. By providing people with the necessary knowledge and skills, health education empowers individuals and communities to take active responsibility for their well-being at every stage of the health journey.

242. (C) Globalisation
The increasing influence of multinational corporations on global food supply and national health policies is a direct consequence of globalization. International trade and marketing often prioritize commercial interests, which can promote the consumption of unhealthy products and lifestyles. This global economic interconnectedness can sometimes limit a nation's ability to regulate the market or implement public health policies that conflict with corporate interests. Recognizing this challenge is essential for developing global and national strategies that protect population health from the potential negative impacts of unchecked market forces.

243. (A) The goals of comprehensive health care.
Achieving the goals of comprehensive health care requires a dynamic and effective partnership between the state, the private sector, and the community. The state provides governance and financing, the private sector offers service delivery and innovation, and the community provides active participation and accountability. By working together, these three actors ensure that a full continuum of preventive, curative, and rehabilitative services is accessible and responsive to the needs of the entire population. This collaborative approach is essential for building a robust and sustainable healthcare system.

244. (C) Primordial Prevention - Treatment of existing cases
Primordial prevention focuses on preventing the emergence of risk factors in the entire population through macro-level policies and environmental changes. it is applied well before any disease develops. Treatment of existing cases, however, is a curative intervention that falls under secondary or tertiary prevention, as the illness is already present. Matching primordial prevention with treatment is incorrect, as its core goal is to address the underlying societal and environmental conditions to ensure that risk factors do not arise in the first place.

245. (B) 19th Century Europe
The philosophy and discipline of social medicine originated primarily in nineteenth-century Europe. During this period of rapid industrialization and urbanization, physicians like Rudolf Virchow and social reformers began to recognize the profound impact of poor living and working conditions on the health of the population. They argued that medicine must

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address these social causes of disease through political and social reforms. This European movement laid the groundwork for modern social epidemiology and public health policies that focus on the social determinants of health worldwide.

246. (D) Monitor trends and detect outbreaks by collecting data from selected sites.
A sentinel surveillance system is a public health tool designed to monitor health trends and detect potential outbreaks without collecting data from the entire population. instead, it systematically gathers information from a select few sites, such as specific hospitals or clinics, that are representative of the larger community. This focused approach provides a highly efficient and cost-effective way to track the spread of diseases and evaluate the effectiveness of health programs, allowing for timely responses to emerging public health threats and priorities.

247. (A) Active pursuit of activities, choices, and lifestyles leading to holistic health.
The wellness movement represents a proactive approach to health that encourages individuals to make conscious choices and take actions that lead to a better state of overall well-being. It goes beyond simply avoiding illness to focus on the active enhancement of physical, mental, and social health through lifestyle habits and personal development. This movement emphasizes self-responsibility and holistic health, recognizing that individuals have the power to influence their own wellness through daily activities and a balanced approach to life in all its dimensions.

248. (C) Balancing health equity with rising healthcare costs and private sector interests.
A significant challenge for the state's role in health is the need to balance the goal of health equity with the reality of increasing medical costs and the interests of the private sector. Governments must ensure that all citizens have access to essential healthcare without discrimination, even as technological advancements drive up the price of services. navigating this complex landscape requires effective regulation, strategic financing, and strong leadership to ensure that public health priorities are protected and that the health system remains fair and sustainable for the entire population.

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249. (A) Improve the health and wellbeing of the population.
The ultimate and singular goal of all public health, social medicine, and community health initiatives is to improve the physical, mental, and social well-being of the entire population. every policy, program, and clinical service is designed with the objective of preventing disease, prolonging life, and enhancing the quality of daily existence. This overarching goal guides the actions of all healthcare professionals and policymakers, emphasizing that the success of any health system is measured by the actual health status and satisfaction of the people it serves.

250. (C) $P = I \times D$
In epidemiology, assuming a stable population and a low disease prevalence, the relationship between prevalence, incidence, and average duration is expressed by the formula prevalence equals incidence multiplied by duration. This relationship indicates that the total number of existing cases at any given time is determined by both how frequently new cases occur and how long they remain in the population. Understanding this formula is essential for health planning and for interpreting morbidity data to accurately estimate the burden of different health conditions.

251. (B) The biomedical model centers on individual diagnosis and treatment, whereas social medicine considers the impact of socio-economic conditions on health.
The biomedical model traditionally centers on diagnosing and treating diseases within individuals. In contrast, social medicine recognizes that a population's health is fundamentally determined by social and economic conditions. By addressing environmental factors like poverty and housing, social medicine shifts the focus from purely clinical settings to the broader community, analyzing the social etiology of various diseases.

252. (A) The active involvement and empowerment of the community in its own health matters.
Community health is defined by the active participation of community members in determining and addressing their own health requirements. This collaborative approach empowers individuals to take ownership of

health-related initiatives alongside professionals. Unlike top-down systems, it fosters a democratic process where localized planning and action ensure that the community remains the central actor in implementing health solutions.

253. (C) The analysis of how social and economic factors contribute to the causation of disease.
The social etiology of disease involves studying how fundamental societal and economic factors contribute to the development of illnesses. This concept moves beyond biological causes to examine how conditions such as nutrition, working environments, and poverty influence population health. By analyzing these roots, public health practitioners can better understand the societal origins that lead to disease outbreaks.

254. (D) It promotes a collaborative and localized process involving community members.
While top-down healthcare models rely on centralized authority for delivery, the community health approach emphasizes a collaborative and localized methodology. It involves health professionals working directly with community members to identify needs and implement programs. This democratic process promotes local ownership of health initiatives, ensuring that planning and action are responsive to the specific requirements of the population.

255. (C) Community health is a practical application that builds upon the theoretical principles of social medicine.
Social medicine provides the theoretical foundation that links socio-economic conditions to health outcomes. Community health acts as the practical application of these principles by involving the community in active problem-solving. While social medicine identifies the social determinants of disease, community health uses these insights to implement collaborative, democratic, and localized interventions that empower populations to manage health.

256. (B) The need to control infectious disease outbreaks in growing cities.
During the 19th century, public health efforts were primarily reactive responses to the rapid spread of infectious diseases in expanding urban areas. These initiatives sought to control outbreaks that threatened growing populations in crowded city centers. This era focused on managing the immediate dangers posed by communicable diseases, laying the groundwork for more organized and systemic public health interventions.

257. (D) Improving environmental factors like water and sanitation.
The sanitary movement was a major historical era that addressed the link between environmental filth and disease. It prioritized infrastructure improvements, such as the establishment of efficient sewage disposal systems and the provision of clean water supplies. By enhancing housing conditions and sanitation, this movement aimed to improve population health through large-scale environmental modifications before the germ theory was established.

258. (A) It provided a scientific basis for targeted interventions against infectious diseases.
The discovery of the germ theory provided the necessary scientific evidence to understand how diseases are transmitted. This breakthrough enabled public health authorities to implement specific, targeted interventions such as vaccinations, quarantine measures, and pasteurization. By establishing a clear link between microorganisms and illness, it shifted public health from general environmental cleanup to evidence-based actions against specific pathogens.

259. (C) A disease-focused model to a health-focused model.
Public health has undergone a significant transformation from a model focused primarily on controlling infectious diseases to one that prioritizes overall health promotion. While early efforts concentrated on reactive measures against outbreaks, modern strategies emphasize proactive well-being. This shift involves creating environments that support mental health, chronic disease prevention, and social equity, moving toward a holistic health-focused framework.

260. (A) The state's role was solidified through regulation and infrastructure development.
State involvement in public health became firmly established through the creation of regulations and essential infrastructure. The government assumed responsibility for protecting the

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population by implementing laws and building systems like sanitation and water supplies. This solidified the role of the state as a regulator and provider of public goods, ensuring that health remains a central priority of governance.

261. (D) An integrated approach addressing the full spectrum of health needs throughout life.
Comprehensive health care is characterized by a holistic approach that manages a person's health throughout their entire life. It integrates different levels of care into a seamless continuum, ensuring services are accessible and continuous. By addressing diverse needs from prevention to rehabilitation, this model moves away from fragmented care to treat the individual as a whole within their community.

262. (B) Promotive, preventive, curative, and rehabilitative services.
A comprehensive health care system provides a full range of services that support patients at every stage of health and illness. This includes promotive and preventive measures to maintain well-being, curative services for treating active diseases, and rehabilitative care to assist in recovery. Integrating these components ensures a continuous flow of support, addressing both immediate medical needs and long-term health.

263. (C) To help individuals regain optimal function after an illness.
Rehabilitative services are designed to assist individuals in recovering their physical, mental, or functional abilities following an illness or injury. The primary objective is to help patients regain an optimal quality of life and restore their independence. As part of a comprehensive care model, these services ensure that medical treatment is followed by support that facilitates a return to daily activities.

264. (D) Proactive measures such as health promotion and disease prevention.
Unlike traditional medical models that often prioritize treating illnesses as they occur, comprehensive care emphasizes proactive measures. This includes health promotion to enhance well-being and preventive services like screenings and immunizations to stop diseases before they develop. By focusing on these early interventions, the system aims to improve population health outcomes and reduce the need for intensive curative treatments later.

265. (A) Improved efficiency and better health outcomes through coordinated care.
Coordinating care across various providers and levels of the health system increases efficiency by reducing the duplication of medical services. This patient-centered approach ensures that individuals receive consistent and logical care throughout their treatment journey. Consequently, health outcomes improve because the system addresses the whole person's needs in a synchronized manner, leading to more effective and streamlined healthcare delivery.

266. (B) Health and social development are in a mutually reinforcing, bidirectional relationship.
Health and social development are interconnected in a bidirectional relationship where progress in one area promotes growth in the other. Improvements in factors like education and living standards lead to better health outcomes, while a healthy population is more productive and capable of driving economic growth. This synergy demonstrates that health is both an outcome and an essential component of development.

267. (B) It is associated with lower infant mortality and better child nutrition.
Higher levels of education for women are closely linked to improved health indicators for their families. Educated mothers are generally more likely to practice healthy behaviors, seek preventive care, and ensure better nutrition for their children. These factors contribute significantly to a reduction in infant mortality rates and lead to the overall improvement of health within the community and household.

268. (A) Reducing population productivity and diminishing educational capacity.
When a population suffers from poor health, social development is hindered by a significant reduction in labor productivity. High disease burdens also drain economic resources through increased healthcare spending and prevent children from reaching their full educational potential. These obstacles limit human capital, making it difficult for a society to achieve sustainable economic growth and broader social advancement.

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269. (C) Investing in health can be a strategic tool to drive social and economic progress.
Viewing health as a critical input for development suggests that investing in the well-being of a population is a strategic economic decision. A healthy workforce is more productive, and healthy children learn better, fostering human capital. Therefore, prioritizing health initiatives is not just a moral obligation but a necessary step to catalyze and sustain long-term social and economic progress.

270. (D) By enabling the funding of sanitation systems and health infrastructure.
Economic development provides the financial resources necessary to build and maintain vital public health infrastructure. This includes funding for modern sanitation systems, clean water supplies, and robust social safety nets. These structural improvements directly impact community health by preventing the spread of diseases and ensuring that the population has access to the basic requirements for a healthy life.

271. (C) Physical, mental, and social.
Health is a multidimensional concept that involves the physical, mental, and social well-being of an individual. Physical health concerns the body's functioning, mental health involves emotional and cognitive equilibrium, and social health refers to the ability to engage with others and the community. These three aspects are interconnected, and a balance among them is necessary for overall human well-being.

272. (B) A series of layered influences ranging from individual to broad societal conditions.
Determinants of health are understood as multiple layers of influence that range from individual traits to broad societal conditions. These include personal factors like genetics and age, lifestyle choices like diet, and social support networks. Additionally, wider environmental and economic circumstances, such as education and housing, play a crucial role in shaping the health status of individuals and entire populations.

273. (D) An individual's dietary habits.
Lifestyle factors are individual choices and behaviors that significantly impact a person's health status. Dietary habits are a primary example, as the types of food consumed can either prevent or contribute to various chronic conditions. Other such factors include physical activity levels and substance use, all of which are personal behaviors that can be modified to improve overall health outcomes.

274. (A) Form meaningful relationships and engage with the community.
Social health is the dimension of well-being that focuses on an individual's capacity to build and maintain meaningful interpersonal relationships. It involves effectively engaging with the community and functioning comfortably within various social structures. Strong social health provides a support system that contributes to emotional resilience, helping individuals navigate life's challenges while feeling connected to the people around them.

275. (C) It enables the development of strategies that address the root causes of ill-health.
Analyzing the various dimensions and determinants of health allows public health professionals to look beyond immediate symptoms. This comprehensive understanding helps in identifying the root causes of diseases, such as poverty or poor living conditions. By addressing these underlying factors, authorities can develop more effective, long-term strategies that prevent illness and promote equity across different segments of the population.

276. (A) They fail to capture the positive aspects of health and wellbeing.
Traditional health indicators such as mortality and morbidity rates are considered negative because they only measure the presence of disease or death. These metrics fail to account for the positive aspects of well-being, such as quality of life or functional ability. Consequently, they provide an incomplete picture of a population's health, necessitating the use of broader, more positive indicators.

277. (D) Incidence rate of a disease.
A negative health indicator focuses on the occurrence of adverse health events within a population. The incidence rate of a disease is a classic example, as it tracks the number of new cases of an illness over a specific period. While these statistics are essential for monitoring

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disease spread, they emphasize the state of illness rather than positive health status.

278. (B) A broad and subjective concept including life satisfaction and happiness.
Wellbeing is a multidimensional and subjective concept that extends beyond the physical state of the body. It includes an individual's sense of life satisfaction, happiness, and purpose. While health focuses on functioning and the absence of disease, wellbeing captures the internal experience of a person's life, reflecting their overall contentment and perceived quality of existence in various domains.

279. (C) To provide a more holistic assessment by combining data from different domains.
Composite indicators are designed to provide a comprehensive assessment by integrating data from multiple sectors. For instance, the Human Development Index combines statistics on health, education, and living standards into a single score. This holistic approach allows for a more accurate comparison of population well-being across different regions, capturing the complex interaction between various social and economic factors.

280. (D) Because they are essential for monitoring health, evaluating interventions, and identifying inequalities.
Selecting the right indicators is essential for accurately monitoring the health status of a population over time. These metrics allow authorities to evaluate if public health interventions are actually working and to identify gaps or inequalities between different groups. Without appropriate indicators, it would be impossible to make evidence-based decisions or allocate resources effectively to improve overall population health.

281. (A) The progression of a disease over time in an individual without intervention.
The natural history of disease refers to the typical way a health condition evolves from its initial onset to its final outcome. This process occurs without medical treatment or any other form of external intervention. By observing this natural progression, researchers can identify different stages of disease development, which is essential for planning effective prevention and control strategies in public health.

282. (B) The interaction of risk factors creating susceptibility before disease onset.
The pre-pathogenesis period is the initial stage where a person is at risk of disease but has not yet been infected. During this time, various genetic, environmental, and behavioral risk factors interact to create a state of susceptibility. This phase is critical for primary prevention efforts, which aim to intervene before the pathological process actually begins in the individual.

283. (B) The subclinical or inapparent phase, after the pathological process has started but before symptoms appear.
Secondary prevention is most vital during the subclinical or inapparent phase of a disease's progression. At this stage, the disease process has started within the host, but no outward signs or symptoms are visible. Early detection through screening during this window allows for prompt treatment, which can halt or slow the disease's advancement before it becomes clinically apparent or severe.

284. (A) The appearance of discernible signs and symptoms.
A disease crosses the clinical horizon when it moves from an asymptomatic state to one where physical signs and symptoms become apparent. This transition marks the end of the subclinical phase and the beginning of the clinical phase. Once symptoms appear, a formal diagnosis can be made, allowing for the initiation of curative treatments to manage the illness and its effects.

285. (C) Identify the most effective points for preventive interventions.
Understanding the natural history of disease is crucial for public health because it helps identify the most effective times to intervene. By knowing the different stages of a disease, authorities can implement primary, secondary, or tertiary prevention strategies at the appropriate moments. This systematic approach ensures that resources are used effectively to prevent, detect, or manage illnesses throughout their lifecycle.

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286. (D) To prevent the initial occurrence of a disease.
The fundamental goal of primary prevention is to stop a disease or injury from occurring in the first place. This is achieved by reducing exposure to risk factors or enhancing resistance to disease. Through methods like health promotion and specific protection, primary prevention keeps the pathological process from ever starting, thereby reducing the overall incidence of health problems in the population.

287. (C) Primary prevention
Immunization is a primary prevention strategy because it protects individuals from becoming infected with a disease. By providing specific protection before exposure, vaccines prevent the initial occurrence of infectious illnesses. This type of intervention is implemented during the pre-pathogenesis stage to ensure that the individual's immune system is prepared to fight off pathogens, thereby keeping the disease process from starting.

288. (B) When the disease is in its subclinical, asymptomatic stage.
Secondary prevention interventions, such as screenings, are designed to be used when a disease is in its subclinical, asymptomatic stage. During this period, the illness is present but has not yet caused symptoms. Detecting the condition early allows for prompt treatment that can prevent more serious health problems from developing, effectively halting the progression of the disease at an early point.

289. (D) Tertiary prevention.
Physical therapy for a patient recovering from a stroke is an example of tertiary prevention. This level of care focuses on managing an established, clinically apparent disease to minimize its long-term impact. The goals include reducing disability, preventing further complications, and improving the patient's quality of life through rehabilitation. It is applied after the acute phase of an illness has occurred.

290. (A) Secondary prevention aims for early detection, while tertiary prevention aims to reduce the impact of an established disease.
Secondary prevention aims for the early detection and treatment of a disease before symptoms become severe, often during the asymptomatic phase. In contrast, tertiary prevention focuses on managing a disease that is already clinically apparent. Its goal is to reduce the impact of the illness, prevent further disability, and help the patient regain function through various rehabilitative and management techniques.

291. (C) The facilitation of knowledge sharing and international cooperation.
Globalisation facilitates the rapid exchange of medical knowledge, innovative technologies, and health best practices across international borders. This interconnectedness allows countries to learn from one another and collaborate on global health challenges. Such international cooperation and resource mobilization can significantly improve health outcomes by making advanced treatments and successful public health strategies more accessible to people regardless of their location.

292. (A) Through the global marketing of products like tobacco and high-fat foods.
Economic globalisation allows for the widespread marketing of unhealthy products like tobacco and foods high in fat. This global reach often targets developing nations, where consumption of these products leads to an increase in non-communicable diseases such as obesity and heart disease. By influencing dietary habits and lifestyle choices through international trade, globalisation significantly impacts the prevalence of chronic health conditions.

293. (D) The migration of health professionals from lower-income to higher-income countries.
The term 'brain drain' refers to the migration of highly trained health professionals from lower-income nations to higher-income countries. This movement is often driven by the search for better pay and working conditions. Consequently, the home countries of these professionals lose valuable human resources, which weakens their health systems and increases global health inequities by depleting talent where it is needed.

294. (B) The rapid spread of infectious diseases across continents.
Increased global travel and trade allow pathogens to move across continents very quickly, often within hours. This high level of interconnectedness significantly accelerates the transnational spread of infectious diseases.

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Recent global outbreaks have demonstrated how easily diseases can cross borders in a globalised world, creating significant challenges for public health authorities who must manage risks that are no longer localized.

295. (C) Complex and dual-natured, presenting both opportunities and challenges.
The impact of globalisation on public health is complex and dual-natured, as it creates a mixture of benefits and drawbacks. While it promotes the sharing of medical knowledge and international cooperation, it also facilitates the spread of infectious diseases and unhealthy lifestyles. Therefore, it presents both significant opportunities for improving global health and new challenges that require coordinated international responses.

296. (D) To act as the steward of the overall health system and ensure citizen health.
The state holds the ultimate stewardship of the health system, ensuring that all citizens have equitable access to necessary care. This responsibility involves setting national health policies, managing public health emergencies, and regulating various health actors. By financing services and ensuring environmental safety, the government acts as the final guarantor of population health, performing functions that other sectors cannot effectively manage.

297. (A) Participate in identifying needs and managing local health programs.
Communities play a foundational role in the health system by actively participating in identifying local needs and managing programs. This grassroots involvement ensures that health services are culturally appropriate and sustainable. By mobilizing local resources and taking ownership of health initiatives, community members work alongside professionals to create solutions that are directly responsive to the specific challenges faced by their population.

298. (B) The creation of inequities in access due to the profit motive.
A potential drawback of private sector involvement in healthcare is that the pursuit of profit can lead to inequities in access. Private entities may prioritize lucrative curative treatments over less profitable preventive services, making care less accessible to those with lower incomes. This focus on profitability requires careful state regulation to ensure that the activities of private providers align with public goals.

299. (B) To align the private sector's activities with public health goals and mitigate potential inequities.
State regulation of the private health sector is necessary to ensure that its profit-driven activities do not compromise public health objectives. Since private entities might focus on expensive curative care, the government must implement rules that promote equity and access for all citizens. Regulation helps align private innovation and efficiency with the broader goal of providing sustainable and fair healthcare services.

300. (A) Setting national health policy and regulations.
Setting national health policies and regulations is a unique function of the state because it involves the exercise of legal authority and governance. While other sectors provide care or manage programs, only the government has the power to create the framework within which the entire health system operates. This stewardship role ensures that health standards are maintained and equitable access is protected.

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CHAPTER 02

Evolution of Health Policies and Health Services in India

1. The Health Survey and Development Committee, popularly known as the Bhore Committee, was constituted in which year?
(A) 1946
(B) 1943
(C) 1947
(D) 1952

2. Read the following statements regarding the National Health Policy, 2017.
Statement I : It aims to raise public health expenditure to 2.5% of the GDP in a time-bound manner.
Statement II : It focuses primarily on curative care, sidelining the preventive and promotive aspects of health.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

3. Which of the following statements most accurately describes the constitutional status of 'public health and sanitation' in India?
(A) It is exclusively a Union subject under the Seventh Schedule.
(B) It is a Concurrent subject, allowing both Centre and States to legislate.
(C) It is a State subject under the Seventh Schedule.
(D) It is a residuary power vested with the Central government.

4. The policy that specifically focuses on mainstreaming, promoting research, and ensuring quality control of traditional Indian medicine is the:
(A) National Health Policy, 2017, for integrated care.
(B) National Nutrition Policy, 1993, for dietary standards.
(C) National Population Policy, 2000, for family welfare.
(D) Policy on Indian Systems of Medicine and Homeopathy, 2002.

5. Match the items in List I with the items in List II and choose the correct option.
List I (Health Committee):
P. Bhore Committee
Q. Mudaliar Committee
R. Kartar Singh Committee
S. Srivastava Committee
List II (Key Recommendation):
1. Creation of a band of para-professional and semi-professional health workers from the community itself.
2. Creation of Multipurpose Workers (MPW) scheme.
3. Consolidation of advances made in the first two Five Year Plans and strengthening of district hospitals.
4. A three-tier system of Primary Health Centres (PHCs) for preventive and curative health services.
Choose the correct option from the following:
(A) P-4, Q-3, R-2, S-1
(B) P-3, Q-4, R-1, S-2
(C) P-4, Q-1, R-3, S-2
(D) P-2, Q-3, R-4, S-1

6. Which term describes the portion of health spending that is directly paid by households at the time of receiving healthcare services?
(A) Public Private Partnership
(B) Out-of-Pocket Expenditure (OOPE)
(C) Social Security Contribution
(D) Catastrophic Health Expenditure

7. Which of the following is NOT a stated objective of the National Health Policy, 2002?

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(A) To increase the utilization of public health facilities.
(B) To promote the role of the private sector in healthcare delivery.
(C) To give primacy to preventive and promotive aspects of health.
(D) To achieve a demographic transition to a stable population by 2045.

8. The recommendation to establish an All India Health Service on the pattern of the Indian Administrative Service was a key suggestion of which committee?
(A) Mudaliar Committee
(B) Bhore Committee
(C) Chadaha Committee
(D) Kartar Singh Committee

9. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The Indian Constitution does not explicitly grant a 'Right to Health' as a fundamental right.
Reason (R) : The Supreme Court of India has interpreted the 'Right to Life' under Article 21 to include the 'Right to Health'.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

10. A Public Private Partnership (PPP) in the health sector primarily aims to:
(A) Leverage private sector resources and efficiency for public health goals.
(B) Nationalize all private hospitals to create a single public medical system.
(C) Replace public health infrastructure entirely with diverse private entities.
(D) Provide exclusive funding for registered charitable health organizations.

11. All of the following are examples of social security schemes with a health component in India EXCEPT:
(A) Employees' State Insurance Scheme (ESIS)
(B) Central Government Health Scheme (CGHS)
(C) Aam Aadmi Bima Yojana (AABY)
(D) National Pension System (NPS)

12. Consider the following statements about health infrastructure in India:
1. Primary Health Centres (PHCs) are the first point of contact between the village community and a medical officer.
2. Community Health Centres (CHCs) serve as a referral unit for four PHCs and provide specialist care.
3. Sub-centres are the most peripheral and first contact point for the community in the public health system.
4. District Hospitals are at the apex of the healthcare system, providing comprehensive secondary and tertiary care.

Which of the above statements are correct?
(A) 1, 2, and 3
(B) 2, 3, and 4
(C) 1, 3, and 4
(D) 1, 2, and 4

13. Which committee is known as the "Committee on Multipurpose Workers under Health and Family Planning"?
(A) Mukherjee Committee
(B) Jungalwalla Committee
(C) Kartar Singh Committee
(D) Chadaha Committee

14. Read the following statements regarding the National Nutrition Policy (1993).
Statement I : The National Nutrition Policy (1993) adopts a multi-sectoral approach to combat malnutrition.
Statement II : It includes both direct interventions like supplementary feeding and indirect interventions like improving food security and female literacy.
(A) Statement I is correct, but Statement II is incorrect.
(B) Statement I is incorrect, but Statement II is correct.
(C) Both Statement I and Statement II are correct.
(D) Both Statement I and Statement II are incorrect.

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15. The immediate objective of the National Population Policy, 2000 was to:
(A) Address the unmet needs for contraception and health infrastructure.
(B) Achieve a stable population level for the entire country by 2045.
(C) Reduce the Total Fertility Rate (TFR) to replacement levels by 2010.
(D) Make school education up to age 14 free and mandatory for all children.

16. Arrange the following health legislations in chronological order of their enactment:
1. The Mental Healthcare Act
2. The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act
3. The Drugs and Cosmetics Act
4. The Food Safety and Standards Act

Which of the following represents the correct sequence?
(A) 3, 2, 4, 1
(B) 2, 3, 1, 4
(C) 3, 4, 2, 1
(D) 4, 1, 3, 2

17. Advocacy for a 'Right to Health' law by various civil society organizations is an example of a:
(A) Public-Private Partnership model
(B) Social movement in health
(C) Social security mechanism
(D) Health financing strategy

18. The federal structure of India impacts health policy and service delivery primarily because:
(A) Health is a state subject, making states primarily responsible for implementation.
(B) Health is a Union subject, giving the central government absolute control.
(C) Health is a concurrent subject, leading to frequent legislative conflicts.
(D) The Constitution is silent on the division of responsibilities for health.

19. Which of the following is an INCORRECT pair regarding Constitutional provisions and health?
(A) Article 21 - Right to life and personal liberty, interpreted to include the right to health.
(B) Article 47 - Duty of the State to raise the level of nutrition and the standard of living and to improve public health.
(C) Article 38 - Power of Parliament to legislate on public health for the entire country.
(D) Article 42 - Provision for just and humane conditions of work and maternity relief.

20. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The National Health Policy, 2017 advocates for a strategic purchasing role for the government.
Reason (R) : The policy aims to purchase services from both public and private providers to ensure universal access to a defined package of health services.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

21. Which committee recommended the integration of health services at all levels and was known as the 'Committee on Integration of Health Services'?
(A) Bhore Committee
(B) Mudaliar Committee
(C) Jungalwalla Committee
(D) Srivastava Committee

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22. Which term describes the portion of health spending that is directly paid by households at the time of receiving healthcare services?
(A) Public Private Partnership
(B) Out-of-Pocket Expenditure (OOPE)
(C) Social Security Contribution
(D) Catastrophic Health Expenditure

23. Consider the following statements regarding the Policy on Indian Systems of Medicine and Homeopathy, 2002:
1. It aims to integrate AYUSH systems into the national healthcare delivery network.
2. It discourages research and development in traditional medicine to focus on modern medicine.
3. It emphasizes the need for standardization of drugs and quality control.
4. It seeks to promote the cultivation of medicinal plants.

5. It proposes to phase out all traditional medicine practices by 2025.

Which of the above statements are correct?
(A) 1, 2, and 3
(B) 1, 3, and 4
(C) 2, 4, and 5
(D) 1, 2, and 5

24. The legislative act that governs the quality, safety, and efficacy of drugs, cosmetics, and medical devices in India is:
(A) The Drugs and Cosmetics Act, 1940
(B) The Epidemic Diseases Act, 1897
(C) The Clinical Establishments Act, 2010
(D) The Indian Medical Council Act, 1956

25. The Chadaha Committee (1963) was constituted to study the arrangements necessary for the:
(A) Integration of all health services at the peripheral level.
(B) Revision of medical education curriculum.
(C) Maintenance phase of the National Malaria Eradication Programme.
(D) Establishment of Primary Health Centres.

26. Which of the following is NOT a 'key policy principle' of the National Health Policy, 2017?
(A) Centralization
(B) Professionalism, Integrity and Ethics
(C) Equity
(D) Affordability

27. Match the items in List I with the items in List II and choose the correct option.
List I (Legislation):
P. PCPNDT Act, 1994
Q. Transplantation of Human Organs Act, 1994
R. Mental Healthcare Act, 2017
S. Food Safety and Standards Act, 2006
List II (Primary Objective):
1. Regulates organ removal and prevents commercial dealings in organs.
2. Prohibits sex selection before or after conception.
3. Consolidates laws related to food and establishes a regulatory body (FSSAI).
4. Protects the rights of persons with mental illness and decriminalizes suicide attempts.

Choose the correct option from the following:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-3, R-4, S-1

28. The concept of a 'Health and Wellness Centre' as an upgraded Sub-centre or PHC was a major initiative under which policy/program?
(A) National Health Policy, 2002
(B) National Health Policy, 2017
(C) National Rural Health Mission (NRHM)
(D) National Population Policy, 2000

29. The Mukherjee Committee (1965) was appointed to review the strategy for which programme?
(A) National Tuberculosis Control Programme
(B) National Leprosy Eradication Programme
(C) Family Planning Programme
(D) National Malaria Eradication Programme

30. The overwhelming dominance of which sector is a defining characteristic of India's health infrastructure?
(A) Public sector
(B) Charitable sector
(C) Cooperative sector
(D) Private sector

31. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : Directive Principles of State Policy (DPSP) are not enforceable by any court.
Reason (R) : Despite their non-justiciable nature, DPSPs are fundamental in the governance of the country and it is the duty of the State to apply these principles in making laws, including those related to health.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

32. Which of the following correctly identifies a direct nutrition intervention strategy as per the National Nutrition Policy?
(A) Improving agricultural productivity to ensure food security.
(B) Fortification of essential foods with

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micronutrients.
(C) Promoting female education and literacy.
(D) Ensuring the supply of safe drinking water.

33. Which of the following statements about Civil Society Organisations (CSOs) in the health sector is incorrect?
(A) They play a crucial role in advocacy and policy influence.
(B) They are primarily government-funded and controlled entities.
(C) They often engage in community mobilization and awareness campaigns.
(D) They can act as watchdogs, monitoring the implementation of health programs.

34. The "Srivastava Committee" of 1975 is officially known as:
(A) The Group on Medical Education and Support Manpower
(B) The Committee on Health Manpower Planning
(C) The Committee on Integration of Health Services
(D) The Health Survey and Planning Committee

35. Consider the following statements related to health financing in India:
1. The Central Government is the single largest source of health financing in the country.
2. Out-of-pocket expenditure (OOPE) constitutes the largest share of total health expenditure.
3. Social security schemes like ESIS and CGHS contribute minimally to overall health financing.
4. External aid forms a significant and growing portion of India's health budget.

Which of the above statements are correct?
(A) 1 and 4
(B) 2 and 3
(C) 1 and 2
(D) 3 and 4

36. The constitutional provision for 'maternity relief' is enshrined in which Article under the Directive Principles of State Policy?
(A) Article 39(e)
(B) Article 41
(C) Article 47
(D) Article 42

37. The National Health Policy of 1983 was formulated in the backdrop of which global declaration?
(A) The Ottawa Charter for Health Promotion
(B) The Universal Declaration of Human Rights
(C) The Alma-Ata Declaration on Primary Health Care
(D) The Millennium Development Goals

38. Arrange the following Health Committees in the chronological order of their formation:
1. Srivastava Committee
2. Mudaliar Committee
3. Bhore Committee
4. Kartar Singh Committee

Which of the following represents the correct sequence?
(A) 3, 2, 4, 1
(B) 2, 3, 1, 4
(C) 3, 4, 2, 1
(D) 4, 1, 3, 2

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39. The primary aim of the Clinical Establishments (Registration and Regulation) Act, 2010 is to:
(A) Provide free healthcare in all private hospitals.
(B) Nationalize all clinics and nursing homes.
(C) Regulate the prices of pharmaceutical drugs.
(D) Prescribe minimum standards for all clinical establishments.

40. Read the following statements regarding the private health sector in India.
Statement I : The private health sector in India is highly heterogeneous, ranging from individual practitioners to large corporate hospitals.
Statement II : The private sector is uniformly and strictly regulated across all states, ensuring consistent quality of care.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

41. Which committee first put forth the concept of "comprehensive health care," linking curative and preventive medicine?
(A) Mudaliar Committee
(B) Chadaha Committee
(C) Bhore Committee

(D) Jungalwalla Committee

42. What was the primary reason for the formation of the Mukherjee Committee in 1966?
(A) To review the staff pattern and problems in the Family Planning Programme after the delinking from Malaria activities.
(B) To review the progress of the Malaria Eradication Programme.
(C) To assess the need for more medical colleges.
(D) To address the issue of a "brain drain" of doctors.

43. Match the items in List I with the items in List II and choose the correct option.
List I (Policy/Scheme):
P. National Health Policy (First)
Q. National Population Policy
R. National Health Policy (Latest)
S. National Nutrition Policy
List II (Year of Launch):
1. 2017
2. 1993
3. 1983
4. 2000
Choose the correct option from the following:
(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

44. Which of the following is the most appropriate description of the role of civil society in the context of Indian health services?
(A) A formal part of the government's health infrastructure.
(B) A collective of non-state actors influencing health policy and practice.
(C) An alternative and competing system to public health services.
(D) A financial institution providing loans for health services.

45. The medium-term objective of the National Population Policy, 2000 was:
(A) To achieve zero population growth by 2050.
(B) To meet the unmet needs for contraception immediately.
(C) To bring the Total Fertility Rate (TFR) to replacement level by 2010.
(D) To revise the national curriculum for health education.

46. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : High out-of-pocket expenditure is a major cause of indebtedness and poverty among Indian households.
Reason (R) : A large segment of the Indian population lacks financial protection for healthcare, forcing them to pay for services at the point of delivery.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

47. The Jain Committee (1968) was primarily constituted to report on:
(A) The functioning of hospitals in India.
(B) The cost of medical education.
(C) The conditions of service of nursing staff.
(D) The organization of Central Government Health Scheme (CGHS).

48. The Epidemic Diseases Act of 1897 grants special powers to:
(A) The World Health Organization to intervene in a country.
(B) The state and central governments to take measures to prevent the spread of dangerous epidemic diseases.
(C) The judiciary to prosecute infected individuals.
(D) Private hospitals to refuse treatment to patients with infectious diseases.

49. Consider the following statements regarding the Bhore Committee's recommendations:
1. It proposed a short-term program and a long-term program for health development.
2. It recommended the establishment of Primary Health Units for a population of 40,000.
3. It rejected the idea of integrating preventive and curative services.
4. It suggested the creation of a major central institute for medical research.

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5. It recommended against the training of social physicians.

Which of the above statements are correct?
(A) 1, 2 and 3
(B) 2, 3 and 5
(C) 1, 2 and 4
(D) 3, 4 and 5

50. The principle that "the health of the people is the responsibility of the state" was a foundational concept laid down by which committee?
(A) Bhore Committee
(B) Mudaliar Committee
(C) Srivastava Committee
(D) Bajaj Committee

51. The constitutional duty of the state to "endeavour to secure for the citizens a uniform civil code" is mentioned in the Directive Principles, but which article specifically imposes a duty on the state to improve public health?
(A) Article 44
(B) Article 45
(C) Article 47
(D) Article 46

52. The National Health Policy of 2017 sets a target to reduce the Maternal Mortality Ratio (MMR) to what level by 2020?
(A) 150
(B) 70
(C) 50
(D) 100

53. Which of the following is a key feature of the Mental Healthcare Act, 2017, distinguishing it from previous legislation?
(A) It criminalizes attempted suicide.
(B) It promotes the use of electro-convulsive therapy without anesthesia.
(C) It provides for advance directives and nominated representatives for patients.
(D) It focuses exclusively on institutional care in mental asylums.

54. Read the following statements regarding the charitable health sector in India.
Statement I : The charitable health sector in India consists of organizations that are run on a not-for-profit basis.
Statement II : This sector plays a significant role in providing healthcare in remote and underserved areas where public and private sectors may have limited presence.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

55. The concept of 'Social Physicians', trained in preventive and social medicine, was a visionary recommendation of the:
(A) Mudaliar Committee
(B) Kartar Singh Committee
(C) Jungalwalla Committee
(D) Bhore Committee

56. The long-term objective of the National Population Policy, 2000 is to:
(A) Achieve a stable population by 2045.
(B) Immediately reduce infant mortality.
(C) Bring TFR to 2.1 by 2010.
(D) Increase couple protection rate to 60%.

57. Arrange the following health system entities from the most peripheral to the more centralized level in rural public health infrastructure:
1. Community Health Centre (CHC)
2. Sub-Centre
3. District Hospital
4. Primary Health Centre (PHC)

Which of the following represents the correct sequence?
(A) 2, 4, 1, 3
(B) 2, 1, 4, 3
(C) 4, 2, 1, 3
(D) 1, 2, 4, 3

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58. Which of the following is an example of a social movement in health demanding accountability and better services?
(A) The Jan Swasthya Abhiyan (JSA) or People's Health Movement.
(B) The establishment of the Central Government Health Scheme (CGHS).
(C) The launch of a new corporate hospital chain.
(D) The revision of the Indian Pharmacopoeia.

59. The Health Survey and Planning Committee (1962), also known as the Mudaliar Committee, was set up to:

(A) Formulate a new health policy for independent India.
(B) Study the problem of malaria and its eradication.
(C) Recommend changes in medical education and support manpower.
(D) Review the progress made since the Bhore Committee's report and make further recommendations.

60. Consider the following statements about Public Private Partnerships (PPP) in health:
1. They aim to combine the social goals of the public sector with the efficiency of the private sector.
2. Contracting out of services like diagnostics and sanitation in public hospitals is a form of PPP.
3. PPP models are universally successful and face no challenges in implementation.
4. They can help in bridging the infrastructure and resource gap in the public health system.

Which of the above statements are correct?
(A) 1, 2 and 3
(B) 2, 3 and 4
(C) 1, 2 and 4
(D) 1, 3 and 4

61. What is the primary focus of the Policy on Indian Systems of Medicine and Homeopathy, 2002?
(A) To replace allopathic medicine with AYUSH systems.
(B) To restrict the practice of AYUSH to rural areas only.
(C) To bring AYUSH educational and practice standards at par with the allopathic system.
(D) To export all medicinal plants and AYUSH products.

62. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The National Health Policy, 2002, laid significant emphasis on the role of the private sector in health.
Reason (R) : The policy recognized the vast presence and potential of the private sector and sought to regulate it and promote public-private partnerships.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

63. The Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 was enacted primarily to address:
(A) The declining child sex ratio due to female foeticide.
(B) The high rate of maternal mortality.
(C) The commercialization of organ transplantation.
(D) The lack of standards in clinical laboratories.

64. Which committee recommended the 'Re-orientation of Medical Education' (ROME) scheme?
(A) Bhore Committee
(B) Srivastava Committee
(C) Mudaliar Committee
(D) Kartar Singh Committee

65. Match the items in List I with the items in List II and choose the correct option.
List I (Term):
P. Federal Structure
Q. Social Security
R. Civil Society
S. PPP
List II (Description):
1. Protection provided by society to individuals and households against economic and social distress.
2. Collaboration between a government agency and a private-sector company for public services.
3. Division of powers between central and state governments.
4. Non-governmental and not-for-profit organizations expressing the will of the people.

Choose the correct option from the following:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

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66. Which one of the following is an incorrect statement regarding the National Health Policy 1983?
(A) It prioritized tertiary care and super-specialty hospitals over primary healthcare.
(B) It was the first comprehensive national health policy of India.
(C) It emphasized the need for a decentralized system of healthcare.
(D) It was heavily influenced by the global "Health for All" goal.

67. Which of the following is a primary role of a Sub-Centre in the Indian public health system?
(A) Performing complex surgical procedures.
(B) Acting as a 30-bedded hospital with specialist doctors.
(C) Providing maternal and child health services, immunization, and health education.
(D) Regulating all private clinics in its geographical area.

68. The "High Level Expert Group (HLEG) on Universal Health Coverage" was constituted by the:
(A) Ministry of Health and Family Welfare
(B) Supreme Court of India
(C) National Human Rights Commission
(D) Planning Commission of India

69. Consider the following statements regarding health financing:
1. The Central Government Health Scheme (CGHS) provides comprehensive medical care primarily to central government employees and pensioners.
2. The Employees' State Insurance Scheme (ESIS) is a self-financing social security and health insurance scheme for Indian workers.
3. Both CGHS and ESIS are examples of private voluntary health insurance.
4. These schemes are funded entirely through out-of-pocket payments from beneficiaries at the time of service.

Which of the above statement(s) is/are correct?
(A) 1 and 2
(B) 3 and 4
(C) 1 and 3
(D) 2 and 4

70. The power of the state to make special provisions for women and children, which is relevant for laws like maternity benefit, flows from which Article of the Constitution?
(A) Article 14
(B) Article 15(3)
(C) Article 16(4)
(D) Article 19(1)(g)

71. The key recommendation of the Kartar Singh Committee (1973) led to the creation of:
(A) ASHA workers
(B) Medical Officers for PHCs
(C) Specialist doctors for CHCs
(D) Multipurpose Health Workers (MPW) and Health Assistants

72. What is the most significant financial barrier to accessing healthcare for a majority of the Indian population?
(A) High prevalence of out-of-pocket expenditure (OOPE)
(B) Lack of charitable hospitals
(C) High cost of private health insurance premiums
(D) Insufficient foreign aid for the health sector

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73. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The Transplantation of Human Organs Act (THOA), 1994 was enacted to regulate the removal, storage and transplantation of human organs.
Reason (R) : The Act aimed to prevent commercial dealings and trafficking in human organs.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

74. The transition from unipurpose workers to multipurpose workers was a significant shift in health service delivery. Which committee strongly advocated for this change?
(A) Kartar Singh Committee
(B) Bhore Committee

(C) Mudaliar Committee
(D) Chadaha Committee

75. Consider the following statements regarding the National Health Policy, 2017:
1. It proposes raising public health expenditure to 5% of the GDP.
2. It aims to eliminate Leprosy by 2018 and Kala-Azar by 2017.
3. It has a key goal to reduce Under-Five Mortality to 23 by 2025.
4. It rejects the idea of Public Private Partnerships.
5. It focuses on decriminalizing suicide and providing mental healthcare access.

Which of the above statement(s) is/are correct?
(A) 1, 2 and 4
(B) 2, 3 and 5
(C) 1, 3 and 4
(D) 2, 3 and 4

76. The concept of "Health for All by 2000 AD" was the central theme of which Indian policy?
(A) National Health Policy, 2002
(B) National Health Policy, 1983
(C) National Population Policy, 2000
(D) National Health Policy, 2017

77. Which of the following is NOT a level in the public health infrastructure in rural India?
(A) Sub-Centre
(B) Primary Health Centre
(C) Super-Specialty Corporate Hospital
(D) Community Health Centre

78. The Bajaj Committee (1986) was an 'Expert Committee for Health Manpower Planning, Production and Management'. Its main focus was on:
(A) The formulation of a national health policy.
(B) The integration of health services.
(C) The revision of drug price control orders.
(D) Addressing the imbalances in health manpower availability and distribution.

79. Arrange the following events in chronological order:
1. Enactment of the National Health Policy, 2002
2. Report of the Bhore Committee
3. Alma-Ata Declaration on Primary Health Care
4. Report of the Mudaliar Committee

Which of the following represents the correct sequence?
(A) 2, 4, 3, 1
(B) 2, 3, 4, 1
(C) 3, 2, 1, 4
(D) 4, 2, 3, 1

80. A key indirect strategy of the National Nutrition Policy (1993) is:
(A) Distribution of iron and folic acid tablets to pregnant women.
(B) Land reforms and ensuring a minimum wage to improve purchasing power.
(C) Promotion of exclusive breastfeeding.
(D) Improving dietary patterns through nutrition education.

81. Which Act consolidated all previous laws on food and established the Food Safety and Standards Authority of India (FSSAI)?
(A) The Prevention of Food Adulteration Act, 1954
(B) The Food Safety and Standards Act, 2006
(C) The Consumer Protection Act, 1986
(D) The Essential Commodities Act, 1955

82. Read the following statements regarding the National Health Policy, 2017.
Statement I : The National Health Policy, 2017 seeks to move from a sectoral, segmented approach to a comprehensive and integrated one.
Statement II : A key objective is to achieve Universal Health Coverage, which means ensuring all people have access to quality health services without financial hardship.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

83. The recommendation to create a cadre of 'Health Assistants' to supervise the work of Multipurpose Health Workers was given by:
(A) Bhore Committee
(B) Srivastava Committee
(C) Kartar Singh Committee
(D) Chadaha Committee

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84. In the context of India's federal structure, which of the following is a responsibility of the Central Government?
(A) Day-to-day administration of Primary Health Centres.
(B) Recruitment of doctors for state-run district hospitals.
(C) Management of rural sanitation programs at the village level.
(D) Prevention of food adulteration and control of drug standards.

85. Match the items in List I with the items in List II and choose the correct option.
List I (Committee/Group):
P. Jungalwalla Committee
Q. Chadaha Committee
R. Srivastava Committee
S. Bajaj Committee
List II (Main Focus Area):
1. Medical Education and Support Manpower
2. Health Manpower Planning and Management
3. Integration of Health Services
4. National Malaria Eradication Programme
Choose the correct option from the following:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

86. A social movement demanding access to affordable essential medicines is primarily challenging:
(A) The lack of doctors in rural areas.
(B) The high costs imposed by pharmaceutical patents and market monopolies.
(C) The poor sanitation in public hospitals.
(D) The constitutional division of powers between Centre and State.

87. Which of the following is the most significant challenge for Public-Private Partnerships in the Indian health sector?
(A) Complete lack of private players willing to partner.
(B) Absence of any legal framework for contracts.
(C) Over-regulation by the government, stifling private innovation.
(D) Ensuring equity, affordability, and accountability from the private partner.

88. The National Health Policy of 2017 aims to reduce the infant mortality rate (IMR) to what level by 2019?
(A) 28
(B) 35
(C) 30
(D) 25

89. Consider the following statements about health committees in India:
1. The Bhore Committee recommended a 3-month training in preventive and social medicine for doctors, called "social physicians".
2. The Mudaliar Committee found that the progress in healthcare since independence was unsatisfactory.
3. The Srivastava Committee recommended the creation of a cadre of para-professional health workers from within the community.
4. The Kartar Singh committee recommended the delinking of malaria activities from general health services.
Which of the above statement(s) is/are correct?
(A) 1 and 2
(B) 1 and 3
(C) 2 and 4
(D) 3 and 4

90. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The Constitution of India places "public health" in the State List of the Seventh Schedule.
Reason (R) : This placement makes state governments solely responsible for all aspects of health, with the central government having no role to play.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

91. The largest component of health financing in India comes from:

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(A) Central and State government budgets
(B) Employer-provided health benefits
(C) International donors and foreign aid
(D) Households' out-of-pocket payments

92. The concept of a Primary Health Centre (PHC) as the focal point for delivering health services in rural India was a cornerstone recommendation of the:
(A) Chadaha Committee
(B) Bhore Committee
(C) Jungalwalla Committee
(D) Srivastava Committee

93. The "Janani Shishu Suraksha Karyakram" (JSSK) is an initiative that primarily addresses which type of health expenditure?
(A) Premiums for private health insurance.
(B) Administrative costs of running a hospital.
(C) Out-of-pocket expenditure for delivery and infant care.
(D) Costs of medical education.

94. Which of the following is NOT a feature of the National Health Policy, 2017?
(A) A focus on tackling non-communicable diseases (NCDs).
(B) The aim to achieve a Total Fertility Rate of 2.1 by 2025.
(C) The promotion of AYUSH and its mainstreaming.
(D) The establishment of a National Health Authority to regulate all health services.

95. Arrange the following in the chronological order of their establishment/report submission:
1. High Level Expert Group on Universal Health Coverage
2. National Health Policy, 2017
3. National Rural Health Mission (Launch)
4. National Commission on Macroeconomics and Health

Which of the following represents the correct sequence?
(A) 4, 3, 1, 2
(B) 3, 4, 1, 2
(C) 4, 1, 3, 2
(D) 1, 4, 3, 2

96. The main objective of the Central Government Health Scheme (CGHS) is to provide comprehensive healthcare to:
(A) The entire rural population of India.
(B) Central government employees, pensioners, and their dependents.
(C) Industrial workers in specified sectors.
(D) All citizens below the poverty line.

97. The decriminalization of attempted suicide is a landmark provision of which Act?
(A) The Indian Penal Code (Amendment) Act, 2018
(B) The Mental Healthcare Act, 2017
(C) The Persons with Disabilities Act, 2016
(D) The National Trust Act, 1999

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98. Read the following statements regarding the regulation of the private health sector in India.
Statement I : The private health sector in India is largely unregulated, leading to issues of quality and cost.
Statement II : The Clinical Establishments Act, 2010 was enacted to address this regulatory gap by requiring registration and adherence to minimum standards.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

99. The Mudaliar Committee (1962) recommended that the district hospital should be strengthened to serve as the:
(A) Main training center for all para-medical staff.
(B) Focal point for all national health programmes.
(C) Central referral center for the PHCs in the district.
(D) Administrative headquarter for health services in the state.

100. Consider the following statements about the role of civil society in health:
1. Civil society organizations are always in opposition to government health initiatives.
2. They can facilitate community participation in planning and monitoring health services.
3. Their role is limited to service delivery and does not include advocacy or policy change.

4. Social movements related to health, like the right to health campaigns, are a form of civil society action.
5. All civil society organizations in health are funded by foreign agencies.

Which of the above statement(s) is/are correct?
(A) 1 and 3
(B) 2 and 4
(C) 2, 4 and 5
(D) 1, 3 and 5

101. Which National Health Policy first introduced the idea of involving private sector and Public-Private Partnerships (PPP) in a significant way?
(A) National Health Policy, 1983
(B) National Health Policy, 2017
(C) National Health Policy, 2002
(D) The draft National Health Policy of 1999

102. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The National Population Policy, 2000, adopted a target-free approach for family planning.
Reason (R) : The policy shifted the focus from achieving demographic targets to addressing the needs of individuals for contraception and reproductive health services.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

103. The term 'AYUSH' in the Policy on Indian Systems of Medicine and Homeopathy stands for:
(A) Association of Yoga and Universal Systems of Health
(B) Ayurveda, Yogic Sciences, Unani, Sowa-Rigpa, and Homeopathy
(C) Ancient Yogic, Unani, and Siddha Heritage
(D) Ayurveda, Yoga, Unani, Siddha, and Homeopathy

104. The legal framework that provides for the rights of patients, advance directives, and decriminalizes suicide is the:
(A) Mental Healthcare Act, 2017
(B) Indian Lunacy Act, 1912
(C) Persons with Disabilities Act, 1995
(D) National Trust Act, 1999

105. Match the items in List I with the items in List II and choose the correct option.
List I (Health Scheme):
P. Employees' State Insurance Scheme (ESIS)
Q. Central Government Health Scheme (CGHS)
R. Ayushman Bharat - PMJAY
S. Rashtriya Bal Swasthya Karyakram (RBSK)
List II (Target Beneficiary Group):
1. Central Government employees and pensioners
2. Poor and vulnerable families for secondary/tertiary care
3. Children up to 18 years for specific health conditions
4. Industrial workers earning below a certain wage ceiling

Choose the correct option from the following:
(A) P-4, Q-1, R-2, S-3
(B) P-1, Q-4, R-3, S-2
(C) P-4, Q-2, R-1, S-3
(D) P-2, Q-3, R-4, S-1

106. The concept of establishing one Primary Health Centre (PHC) for a population of approximately 30,000 in plain areas was based on the norms set by which committee?
(A) Bhore Committee
(B) Mudaliar Committee
(C) Kartar Singh Committee
(D) Bajaj Committee

107. Which of the following is NOT a constitutional provision directly or indirectly related to health?
(A) Article 21
(B) Article 47
(C) Article 42
(D) Article 370

108. The 'High Level Expert Group on Universal Health Coverage' (2011) strongly recommended:
(A) Privatizing all public hospitals.
(B) Increasing public spending on health to at least 2.5-3% of GDP.
(C) Increasing out-of-pocket expenditure to promote market competition.

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(D) Focusing exclusively on urban healthcare infrastructure.

109. Consider the following statements about India's health infrastructure:
1. The public sector provides the majority of curative care in India.
2. The private sector is concentrated more in urban areas than in rural areas.
3. Charitable institutions play no role in healthcare provision.
4. Community Health Centres (CHCs) are designed to provide specialist services like surgery and paediatrics.

Which of the above statement(s) is/are correct?
(A) 1 and 3
(B) 2 and 4
(C) 1 and 4
(D) 2 and 3

110. The primary purpose of the 'social security' system in the context of health is to:
(A) Ensure every citizen has a government job.
(B) Build more hospitals and clinics across the country.
(C) Regulate the conduct of medical professionals.
(D) Provide financial protection against the risk of high medical expenses.

111. The National Health Policy of 1983 was a direct response to India being a signatory to the:
(A) The Alma-Ata Declaration on Primary Health Care
(B) Millennium Development Goals
(C) Sustainable Development Goals
(D) Ottawa Charter for Health Promotion

112. Read the following statements regarding social movements in health.
Statement I : Social movements in health often emerge from a perceived failure of the state to provide adequate and equitable healthcare.
Statement II : These movements are exclusively led by medical professionals and hospital administrators.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

113. The recommendation to create a single cadre of public health officers for all health programs was given by the:
(A) Chadaha Committee
(B) Jungalwalla Committee
(C) Mukherjee Committee
(D) Bhore Committee

114. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The National Health Policy, 2017 emphasizes the importance of digital health technology.
Reason (R) : The policy document proposes the establishment of a National Digital Health Authority (NDHA) to regulate, develop, and deploy digital health.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

115. What type of health infrastructure facility in the public sector is designed to cover a population of about 1,20,000 in plain areas?
(A) Sub-Centre
(B) Primary Health Centre
(C) Community Health Centre
(D) District Hospital

116. The policy document that explicitly stated "The main objective of the policy would be to promote good health and to improve the quality of life of our people" for traditional medicine is:
(A) National Health Policy, 2017
(B) National Nutrition Policy, 1993
(C) National Population Policy, 2000
(D) Policy on Indian Systems of Medicine and Homeopathy, 2002.

117. Consider the following statements about health legislations in India:
1. The Drugs and Cosmetics Act, 1940, regulates the import, manufacture, and distribution of drugs.
2. The PCPNDT Act, 1994, aims to prevent the misuse of prenatal diagnostic techniques for

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sex determination.
3. The Mental Healthcare Act, 2017, repeals the outdated Indian Lunacy Act of 1912.
4. The Epidemic Diseases Act, 1897, has been criticized for being outdated and lacking a rights-based approach.
5. The Food Safety and Standards Act, 2006, exclusively governs the quality of imported food items.

Which of the above statements are correct?
(A) 1, 2, 3, and 4
(B) 1, 2, 4, and 5
(C) 2, 3, 4, and 5
(D) 1, 3, and 5

118. The phrase "demographic dividend" is often associated with the goals of which policy?
(A) National Health Policy
(B) National Population Policy
(C) National Nutrition Policy
(D) National Policy on ISM & Homeopathy

119. A key difference between the Bhore Committee and the Mudaliar Committee is that:
(A) Bhore Committee recommended private hospitals, while Mudaliar Committee recommended only public hospitals.
(B) Bhore Committee was against primary health centers, while Mudaliar Committee was in favor of them.
(C) Bhore Committee focused only on curative care, while Mudaliar Committee focused only on preventive care.
(D) Bhore Committee focused on planning for post-independence India, while Mudaliar Committee assessed the progress made after independence.

120. Which of the following is an example of the 'Charitable' health sector in India?
(A) A mission hospital run by a religious trust on a not-for-profit basis.
(B) A district hospital run by the state government.
(C) A corporate hospital chain listed on the stock market.
(D) A clinic run by an individual doctor for profit.

121. The National Health Policy, 2017, sets a goal to increase the life expectancy at birth from 67.5 to what level by 2025?
(A) 68.5 years
(B) 72.5 years
(C) 70 years
(D) 75 years

122. Match the items in List I with the items in List II and choose the correct option.
List I (Constitutional Article):
P. Article 21
Q. Article 39(e)
R. Article 42
S. Article 47
List II (Provision related to Health):
1. Provision for just and humane conditions of work and maternity relief.
2. State to ensure that the health and strength of workers are not abused.
3. Duty of the State to raise the level of nutrition and improve public health.
4. Right to life, judicially interpreted to include the right to health.

Choose the correct option from the following:
(A) P-4, Q-2, R-1, S-3
(B) P-3, Q-1, R-4, S-2
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-4, R-1, S-3

123. The 'Basic Health Worker' concept proposed by the Chadaha Committee was intended to be a:
(A) Specialist doctor
(B) Traditional birth attendant
(C) Community volunteer for sanitation
(D) Multipurpose worker for family planning and malaria surveillance

124. The practice of charging informal or under-the-table payments in public health facilities is a direct contradiction to the goal of:
(A) Promoting public-private partnerships.
(B) Reducing out-of-pocket expenditure.
(C) Strengthening the private sector.
(D) Increasing health insurance coverage.

125. Read the following statements regarding the federal system in India.
Statement I : The Indian Constitution provides for a federal system where legislative powers are divided between the Centre and the States.

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Statement II : Matters of national importance like defence and foreign affairs are in the Union List, while matters of local interest like 'public health' are in the State List.

(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

126. The Bajaj Committee on Health Manpower (1986) recommended the creation of which of the following?
(A) A separate ministry for AYUSH
(B) A nationalized private hospital system
(C) A cadre of barefoot doctors
(D) Health and Medical Education Commission

127. Which of the following is NOT a direct nutrition intervention under the National Nutrition Policy?
(A) Improving girls' education.
(B) Fortification of salt with iodine.
(C) Prophylaxis against Vitamin A deficiency.
(D) Supplementary feeding programs for vulnerable groups.

128. Consider the following statements about the Employees' State Insurance Scheme (ESIS):
1. It is applicable to all citizens of India, regardless of employment.
2. It is a contributory scheme where both employers and employees pay a percentage of wages.
3. It provides both cash benefits for wage loss and medical care.
4. It is administered directly by the State Health Departments.

Which of the above statement(s) is/are correct?
(A) 1 and 4
(B) 2 and 3
(C) 1 and 3
(D) 2 and 4

129. The term "Universal Health Coverage" (UHC), a key goal of NHP 2017, implies:
(A) All citizens must have private health insurance.
(B) All people have access to the health services they need, when and where they need them, without financial hardship.
(C) All healthcare services must be provided free of cost by the government.
(D) The government should own and operate all hospitals and clinics in the country.

130. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.

Assertion (A) : Civil society organizations play a 'watchdog' role in the health sector.

Reason (R) : They monitor the implementation of government policies and programs, highlight gaps, and advocate for accountability, thereby acting as a check on state functioning.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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131. The primary focus of the Jungalwalla Committee (1967) report was:
(A) Medical education curriculum.
(B) The service conditions of nurses.
(C) Integration of health services, from the peripheral level to the top.
(D) The financial viability of private hospitals.

132. The National Health Policy, 2002, set a goal to eradicate Polio and Yaws by which year?
(A) 2007
(B) 2010
(C) 2015
(D) 2005

133. The establishment of three-tier health infrastructure in rural areas comprising Sub-centres, PHCs, and CHCs was a result of the vision laid out by the:
(A) Mudaliar Committee's review of urban health.
(B) Srivastava Committee's focus on medical education.
(C) Bhore Committee recommendations and subsequent Five-Year Plans.
(D) National Health Policy of 2017.

134. Which of the following is the best example of a Public-Private Partnership (PPP) model in the health sector?

(A) A government doctor running a private clinic after duty hours.
(B) A state government contracting a private company to manage dialysis services in a district hospital.
(C) An individual buying health insurance from a private company.
(D) A charitable trust receiving a government grant for a health camp.

135. Consider the following key principles of the National Health Policy, 2017:
1. Professionalism, Integrity and Ethics
2. Equity and Affordability
3. Universality and Patient-centeredness
4. Pluralism and Accountability
5. Centralized Decision Making

Which of the above statement(s) is/are correct?
(A) 1, 2, 3 and 4
(B) 1, 2, 3 and 5
(C) 2, 3, 4 and 5
(D) 1, 3, 4 and 5

136. Which of the following statements about the National Population Policy, 2000 is incorrect?
(A) It advocates for coercive measures and disincentives for large families.
(B) It has a long-term objective to achieve a stable population by 2045.
(C) It aims to make school education up to age 14 free and compulsory.
(D) It seeks to achieve universal immunization of children against all vaccine-preventable diseases.

137. The responsibility for controlling the standards of medical education in India lies with:
(A) The Ministry of Health and Family Welfare
(B) The Indian Medical Association (IMA)
(C) The National Medical Commission (NMC)
(D) The State Medical Councils

138. The "Sokhey Committee," which was a subcommittee of the Bhore Committee, dealt with:
(A) Medical Research
(B) Medical Relief
(C) Public Health
(D) Professional Education

139. Match the items in List I with the items in List II and choose the correct option.
List I (Area of Focus):
P. Comprehensive health care and PHCs
Q. Integration of health services
R. Multipurpose workers scheme
S. Medical education and support manpower
List II (Relevant Committee):
1. Srivastava Committee
2. Kartar Singh Committee
3. Jungalwalla Committee
4. Bhore Committee

Choose the correct option from the following:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-4, Q-2, R-3, S-1
(D) P-2, Q-1, R-4, S-3

140. Which of the following is a key reason for the high Out-of-Pocket Expenditure on health in India?
(A) Very low cost of services in private hospitals.
(B) Low public spending on health and gaps in public service delivery.
(C) High coverage of comprehensive health insurance for the entire population.
(D) Over-utilization of free government health services.

141. The federal nature of the Indian polity implies that implementation of national health programs often requires:
(A) Approval from the Supreme Court.
(B) A constitutional amendment for each program.
(C) Centre-State coordination and cooperation.
(D) Complete funding by international agencies.

142. Patient rights advocacy groups, which are a form of civil society organization, primarily work to:
(A) Increase the profits of private hospitals.
(B) Lobby for higher salaries for doctors and nurses.
(C) Market new pharmaceutical products to the public.
(D) Empower patients and ensure they are treated with dignity and receive quality care.

143. Read the following statements regarding the AIDS targets of NHP 2017.
Statement I : The NHP 2017 aims to achieve

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the global target of ending the AIDS epidemic by 2030.

Statement II : The policy sets a specific target of achieving and maintaining a '90:90:90' goal for HIV by 2020.

(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

144. The Bhore Committee's long-term plan envisioned a health unit with a 75-bedded hospital for every:
(A) 5,000 - 10,000 population
(B) 10,000 - 20,000 population
(C) 40,000 - 50,000 population
(D) 1,00,000 - 1,20,000 population

145. Consider the following statements about the private health sector in India:
1. It provides a significant proportion of outpatient and inpatient care.
2. It is highly regulated, with uniform quality standards across the country.
3. It is predominantly located in urban areas.
4. Access to private healthcare is often limited by the ability to pay.

Which of the above statement(s) is/are correct?
(A) 1, 2 and 3
(B) 1, 3 and 4
(C) 2, 3 and 4
(D) 1, 2 and 4

146. Which of the following is NOT a social security scheme related to health?
(A) Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)
(B) Employees' State Insurance Scheme (ESIS)
(C) Central Government Health Scheme (CGHS)
(D) Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY)

147. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.

Assertion (A) : The 'Right to Life' under Article 21 of the Indian Constitution is not merely about animal existence.

Reason (R) : The Supreme Court has expanded its scope to include the right to live with human dignity, which encompasses aspects like the right to health, a clean environment, and a decent livelihood.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

148. The primary objective of the National Nutrition Policy of 1993 is to:
(A) Increase food exports from India.
(B) Regulate the prices of all food items in the open market.
(C) Promote the consumption of fast food among urban youth.
(D) Eradicate all forms of malnutrition and improve the nutritional status of the population.

149. The introduction of community health volunteers, later formalized as ASHA (Accredited Social Health Activist), was based on the principle recommended by which committee?
(A) Bhore Committee
(B) Mudaliar Committee
(C) Srivastava Committee
(D) Bajaj Committee

150. Which Act makes it mandatory for clinical establishments to provide care for victims of accidents and emergencies, regardless of their capacity to pay?
(A) The Indian Medical Council Act, 1956
(B) The Clinical Establishments (Registration and Regulation) Act, 2010
(C) The Consumer Protection Act, 2019
(D) The Epidemic Diseases Act, 1897

151. The First National Health Policy was announced in which year?
(A) 1978
(B) 1993
(C) 2002
(D) 1983

152. Which of the following best describes 'social movements in health'?

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(A) Collective, organized efforts by ordinary people to challenge and change health policies and power structures.
(B) Government-led initiatives to improve population health.
(C) Marketing campaigns by private hospitals to attract more patients.
(D) The migration of doctors and nurses from rural to urban areas.

153. Read the following statements regarding the Policy on Indian Systems of Medicine and Homeopathy (2002).
Statement I : The Policy on Indian Systems of Medicine and Homeopathy (2002) aims to ensure quality control of AYUSH drugs.
Statement II : It proposed strengthening the drug control framework and improving the enforcement mechanism for AYUSH drugs.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

154. The term "catastrophic health expenditure" leads to poverty for many households in India because:
(A) Families are forced to use their savings, sell assets, or borrow money to pay for treatment.
(B) Government provides free healthcare to everyone.
(C) Health insurance covers all medical costs comprehensively.
(D) Private hospitals offer substantial discounts to low-income families.

155. Arrange the following health-related policies in the correct chronological order of their launch:
1. National Population Policy
2. National Health Policy (first)
3. National Nutrition Policy
4. National Health Policy (latest)

Which of the following represents the correct sequence?
(A) 2, 3, 1, 4
(B) 1, 2, 3, 4
(C) 3, 2, 1, 4
(D) 2, 1, 3, 4

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156. The Health Survey and Planning Committee, chaired by Dr. A.L. Mudaliar, submitted its report in which year?
(A) 1946
(B) 1962
(C) 1959
(D) 1975

157. Which of the following is a key goal of the National Health Policy, 2017 regarding tuberculosis?
(A) To control the spread of TB by 2030.
(B) To reduce the incidence of TB to 44 per 100,000 by 2020.
(C) To eliminate Tuberculosis by 2025.
(D) To ensure all TB patients are treated in private hospitals.

158. The division of subjects into Union List, State List, and Concurrent List is specified in which schedule of the Indian Constitution?
(A) Fifth Schedule
(B) Ninth Schedule
(C) Eleventh Schedule
(D) Seventh Schedule

159. The 'Jungalwalla Committee' (1967) strongly recommended the:
(A) Integration of medical care, public health, and family planning services at all levels.
(B) Creation of separate directorates for medical care and public health.
(C) Delinking of family planning from general health services.
(D) Establishment of private medical colleges.

160. Consider the following statements regarding the sources of health financing in India:
1. Public expenditure by the government is the largest source.
2. Out-of-pocket spending by households is the dominant source.
3. Health insurance contributions form a very small part of the total health expenditure.
4. External or donor funding constitutes more than 25% of health spending.
5. Charitable donations are the second-largest source of health financing.

Which of the above statements are correct?
(A) 1 and 4
(B) 2 and 3

(C) 1, 4, and 5
(D) 2, 3, and 5

161. The concept of Public Private Partnership (PPP) in health was given a major policy thrust in:
(A) The Bhore Committee Report (1946)
(B) The National Health Policy (2002)
(C) The National Health Policy (1983)
(D) The Alma-Ata Declaration (1978)

162. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The federal structure of India presents challenges to formulating a uniform health policy.
Reason (R) : Since health is a State subject, the central government can only provide guidelines and financial support, while the primary responsibility for implementation lies with the states, leading to variations in performance.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

163. The primary role of a Community Health Centre (CHC) is to serve as a:
(A) First point of contact for the village community.
(B) Training centre for ASHA workers.
(C) Referral centre for PHCs, providing specialist care.
(D) Research institute for tropical diseases.

164. The 'Group on Medical Education and Support Manpower' (1975) is popularly known as:
(A) Bhore Committee
(B) Mudaliar Committee
(C) Kartar Singh Committee
(D) Srivastava Committee

165. Match the items in List I with the items in List II and choose the correct option.
List I (Act):
P. The Drugs and Cosmetics Act, 1940
Q. The Transplantation of Human Organs Act, 1994
R. The Clinical Establishments Act, 2010
S. The Mental Healthcare Act, 2017
List II (Core Provision):
1. Minimum standards for hospitals and clinics
2. Rights of persons with mental illness
3. Regulation of drug quality and safety
4. Prevention of commercial dealing in organs
Choose the correct option from the following:
(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

166. Which one of the following is NOT an objective of the Policy on Indian Systems of Medicine and Homeopathy, 2002?
(A) To promote international exchange for promoting AYUSH systems.
(B) To phase out allopathic medicine in favour of traditional systems.
(C) To integrate AYUSH with the national health care network.
(D) To increase the availability and access to quality AYUSH drugs.

167. A major recommendation of the Srivastava Committee (1975) was to:
(A) Establish super-specialty hospitals in every state capital.
(B) Nationalize all private medical colleges to control the quality of education.
(C) Increase the duration of the MBBS course to seven years.
(D) Create a large band of community-level health workers to be the link between the community and the formal health system.

168. The high burden of Out-of-Pocket Expenditure (OOPE) for healthcare in India is a major public health concern because it:
(A) Is a significant cause of poverty and inequity in access to care.
(B) Increases the profits of insurance companies.
(C) Reflects a high level of public satisfaction with the health system.
(D) Reduces the government's responsibility for providing healthcare.

169. Consider the following statements:
1. The National Health Policy, 1983, strongly

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advocated for a comprehensive primary healthcare approach.
2. The National Health Policy, 2002, acknowledged the need for regulating the private sector and suggested standards.
3. The National Health Policy, 2017, proposed creating Health and Wellness Centres for comprehensive primary care.
4. All three National Health Policies have recommended keeping public health spending below 1% of GDP.

Which of the above statements are correct?
(A) 1, 2 and 3
(B) 2, 3 and 4
(C) 1, 3 and 4
(D) 1, 2 and 4

170. Which Article of the Indian Constitution, under Directive Principles, directs the state to protect and improve the environment and safeguard forests and wildlife, which has an indirect bearing on public health?
(A) Article 48A
(B) Article 47
(C) Article 49
(D) Article 50

171. The 'basic doctor' or 'social physician' envisioned by the Bhore Committee was expected to be a leader of the health team in a:
(A) Medical College
(B) District Hospital
(C) Corporate Hospital
(D) Primary Health Centre

172. Read the following statements regarding the Jan Swasthya Abhiyan (JSA).
Statement I : The Jan Swasthya Abhiyan (JSA) is a government-run health insurance scheme.
Statement II : The JSA is a people's health movement and a network of civil society organizations working for health rights.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

173. The primary reason for setting up the Chadaha Committee (1963) was related to the vigilance activities in the maintenance phase of the:
(A) National Leprosy Control Programme
(B) National Tuberculosis Programme
(C) National Malaria Eradication Programme
(D) National Family Planning Programme

174. The National Health Policy (2017) objective of reducing premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 25% by 2025 is related to:
(A) Communicable Diseases
(B) Nutritional Deficiencies
(C) Vector-Borne Diseases
(D) Non-Communicable Diseases (NCDs)

175. Consider the following statements about India's public health infrastructure:
1. Sub-centres are staffed by Auxiliary Nurse Midwives (ANM) and Male Health Workers.
2. PHCs are typically staffed by a Medical Officer supported by paramedical staff.
3. CHCs are 30-bedded hospitals that act as first referral units.
4. District Hospitals are the apex institutions of health in a state.
5. The infrastructure norms like population coverage were first outlined by the Mudaliar Committee.

Which of the above statements are correct?
(A) 1, 2, 3 and 4
(B) 1, 2 and 3
(C) 2, 3, 4 and 5
(D) 1, 4 and 5

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176. The concept of 'Health Assistants' as a supervisory tier between the Medical Officer and the Multipurpose Workers was a recommendation of the:
(A) Bhore Committee
(B) Kartar Singh Committee
(C) Mudaliar Committee
(D) Srivastava Committee

177. The Employees' State Insurance Act was passed in which year, laying the foundation for a major social security scheme in India?
(A) 1946
(B) 1948
(C) 1952
(D) 1961

178. The fact that medical services were brought under the purview of the Consumer Protection Act was a significant development for:
(A) Patient rights and accountability of medical professionals.
(B) Increasing the salaries of government doctors.
(C) Promoting medical tourism in India.
(D) The regulation of drug prices.

179. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The National Health Policy, 2017, aims to align with the Sustainable Development Goals (SDGs).
Reason (R) : Several goals and targets in the NHP 2017, such as reducing MMR, IMR, and U5MR, and ensuring universal health coverage, are directly derived from or are congruent with SDG 3 (Good Health and Well-being).
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

180. The dominance of the private sector in Indian healthcare is characterized by:
(A) A focus on preventive care and general public health.
(B) A high concentration in remote rural and village areas.
(C) A highly regulated and strictly uniform pricing structure.
(D) A largely curative-focused, fee-for-service model concentrated in urban areas.

181. A key recommendation of the Bajaj Committee (1986) was:
(A) The denationalization of medical education.
(B) A five-year freeze on opening new medical colleges.
(C) The establishment of Universities of Health Sciences in each state.
(D) The reduction of the MBBS course duration to three years.

182. Which of the following is NOT a characteristic of the charitable/voluntary health sector?
(A) Operates on a not-for-profit basis.
(B) Primarily driven by a profit maximization motive.
(C) Often serves marginalized and underserved communities.
(D) Includes organizations like mission hospitals and health-focused NGOs.

183. Read the following statements regarding the National Population Policy.
Statement I : The National Population Policy, 2000, was the first-ever population policy formulated by India.
Statement II : The policy adopted a holistic approach, linking population stabilization to women's empowerment, child survival, and reproductive health.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

184. The phrase "making medical education socially relevant" was the central theme of which committee?
(A) Srivastava Committee
(B) Bhore Committee
(C) Mudaliar Committee
(D) Jungalwalla Committee

185. Match the items in List I with the items in List II and choose the correct option.
List I (Concept):
P. Comprehensive Primary Health Care
Q. Multipurpose Workers
R. Medical Education and Support Manpower
S. Health & Wellness Centres
List II (Associated Policy/Committee):
1. Kartar Singh Committee
2. Srivastava Committee
3. National Health Policy, 2017
4. National Health Policy, 1983 / Bhore Committee
Choose the correct option from the following:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-1, R-2, S-3
(C) P-4, Q-2, R-1, S-3
(D) P-2, Q-4, R-3, S-1

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186. The National Health Policy of 2002 was formulated during which Five Year Plan?
(A) Tenth Five Year Plan
(B) Eighth Five Year Plan
(C) Ninth Five Year Plan
(D) Eleventh Five Year Plan

187. "Public health and sanitation; hospitals and dispensaries" falls under which list of the Seventh Schedule of the Indian Constitution?
(A) List I - Union List
(B) List III - Concurrent List
(C) It is not mentioned in any list.
(D) List II - State List

188. Which of the following is a key component of the 'indirect strategy' of the National Nutrition Policy (1993)?
(A) Administration of Vitamin A to children.
(B) Ensuring food security through the Public Distribution System (PDS).
(C) Provision of supplementary food in ICDS centers.
(D) Distribution of iron and folic acid tablets.

189. Consider the following statements about social movements in health in India:
1. They are often initiated in response to health inequities.
2. They may focus on issues like patient rights, access to medicines, or environmental health.
3. They exclusively use legal challenges in courts as their method.
4. The People's Health Movement (Jan Swasthya Abhiyan) is a notable example.

Which of the above statement(s) is/are correct?
(A) 1, 2 and 3
(B) 1, 2 and 4
(C) 2, 3 and 4
(D) 1, 3 and 4

190. The concept of "Health for the Millions" was the title of the report by which committee?
(A) Bhore Committee
(B) Mudaliar Committee
(C) Srivastava Committee
(D) ICSSR-ICMR Joint Panel

191. The primary function of the National Medical Commission (NMC) is to:
(A) Regulate medical education and professional conduct.
(B) Manage the day-to-day operations of all government hospitals.
(C) Provide health insurance to all citizens.
(D) Conduct research on new drugs and vaccines.

192. Which Health Committee emphasized the need for a 'well-organized referral system' to ensure a continuum of care from the periphery to the center?
(A) Chadaha Committee
(B) Mudaliar Committee
(C) Mukherjee Committee
(D) Kartar Singh Committee

193. Read the following statements regarding the co-location of AYUSH services.
Statement I : The NHP 2017 recommends making AYUSH services available alongside allopathic services at all levels of public health facilities.
Statement II : This co-location is intended to provide patients with a choice and promote integrated healthcare.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

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194. The largest share of private health expenditure in India is:
(A) Direct out-of-pocket payments by households.
(B) Premiums paid for health insurance.
(C) Philanthropic donations by corporations.
(D) User fees paid at government hospitals.

195. Consider the following health-related legislative acts in India:
1. The Clinical Establishments Act, 2010
2. The Indian Medical Council Act, 1956
3. The Transplantation of Human Organs Act, 1994
4. The Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994
5. The Mental Healthcare Act, 2017

Which of these acts were primarily enacted to address specific ethical malpractices in the health sector?

(A) 1, 2, and 5
(B) 2, 3, and 5
(C) 3, 4, and 5
(D) 3 and 4

196. The High Level Expert Group (HLEG) on Universal Health Coverage was chaired by:
(A) Dr. Harsh Vardhan
(B) Dr. A. K. Bajaj
(C) Dr. A. L. Mudaliar
(D) Prof. K. Srinath Reddy

197. Which policy first set the goal of reducing the Infant Mortality Rate (IMR) to below 30 per 1000 live births?
(A) National Health Policy, 1983
(B) National Nutrition Policy, 1993
(C) National Population Policy, 2000
(D) National Health Policy, 2002

198. The Bhore Committee report is considered a landmark document because it:
(A) Recommended the full privatization of health services.
(B) Was the first comprehensive plan for the health development of India.
(C) Focused solely on urban health and super-specialty hospitals.
(D) Was prepared by the British government to manage colonial health.

199. A partnership between the government and a non-governmental organization (NGO) to run a Primary Health Centre is an example of:
(A) Social Security Scheme
(B) Out-of-Pocket Expenditure
(C) Civil Society Movement
(D) Public-Private Partnership (PPP)

200. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The National Health Policy, 2017 strongly advocates for strengthening primary health care.
Reason (R) : The policy proposes the creation of Health and Wellness Centres as the foundation of the public health system to provide comprehensive, free, and universal primary care services.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

201. Which committee reviewed the staffing pattern and work of peripheral health workers after the family planning program was separated from malaria surveillance?
(A) Chadaha Committee
(B) Kartar Singh Committee
(C) Mukherjee Committee
(D) Jungalwalla Committee

202. Which of the following constitutional articles is a Directive Principle of State Policy that is most central to public health?
(A) Article 47: Duty of the State to raise the level of nutrition and the standard of living and to improve public health.
(B) Article 40: Organization of village panchayats for local self-government.
(C) Article 44: Uniform civil code for the citizens throughout the territory.
(D) Article 51: Promotion of international peace and diverse security.

203. The term 'replacement level fertility', a key concept in the National Population Policy, refers to a Total Fertility Rate (TFR) of approximately:
(A) 1.5
(B) 2.8
(C) 3.5
(D) 2.1

204. Which of the following is NOT a feature of a charitable health organization?
(A) It is a non-governmental entity.
(B) It operates with a primary motive of making a profit.
(C) It may receive grants from the government or donations.
(D) It often aims to serve the poor and needy.

205. Match the items in List I with the items in List II and choose the correct option.
List I (Year):
P. 1946
Q. 1962

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R. 1975
S. 1986
List II (Policy/Committee Report):
1. Srivastava Committee Report
2. Bajaj Committee Report
3. Bhore Committee Report
4. Mudaliar Committee Report
Choose the correct option from the following:
(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

206. The main thrust of the National Health Policy 1983 was on:
(A) Providing super-specialty care in urban areas.
(B) Promoting health insurance for all.
(C) Encouraging the growth of private corporate hospitals.
(D) Establishing a comprehensive primary health care system.

207. Which of the following statements is true regarding health financing in India?
(A) Out-of-pocket payments by individuals constitute the largest source of health financing.
(B) Public health expenditure as a percentage of GDP is among the highest in the world.
(C) The majority of health financing comes from the central government's budget.
(D) Health insurance covers the entire population against all types of health expenditure.

208. The 'Re-Orientation of Medical Education' (ROME) scheme, proposed by the Srivastava Committee, aimed to:
(A) Increase the number of medical colleges.
(B) Expose medical students to rural health problems.
(C) Make medical education more expensive.
(D) Focus medical training solely on surgical skills.

209. Consider the following statements about India's three-tier rural health infrastructure:
1. The Sub-Centre is the most peripheral contact point.
2. The Primary Health Centre (PHC) acts as a referral unit for 4-6 Sub-Centres.
3. The Community Health Centre (CHC) is a 30-bed hospital providing specialist care.
4. The system was designed to have a PHC for every 30,000 population in plain areas.
Which of the above statement(s) is/are correct?
(A) 1, 2 and 3
(B) 2, 3 and 4
(C) 1, 2, 3 and 4
(D) 1, 3 and 4

210. Under the Indian Constitution, the Concurrent List includes subjects on which:
(A) Both Parliament and State Legislatures can make laws.
(B) Only the Parliament can make laws.
(C) Only the State Legislatures can make laws.
(D) Only the President can issue ordinances.

211. The National Health Policy, 2017, places a strong emphasis on achieving Universal Health Coverage (UHC) through a 'strategic purchasing' model. This means:
(A) The government will purchase all private hospitals.
(B) Citizens will purchase their own health services without government intervention.
(C) The government will act as a financer and purchase health services from public and private providers.
(D) The government will purchase health technology from foreign countries.

212. Read the following statements regarding the health targets.
Statement I : The Bhore Committee recommended a long-term goal of one doctor per 2000 population.
Statement II : The Mudaliar Committee, in its review, found that most of the targets set by the Bhore Committee had been achieved.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

213. The role of civil society organizations like the Jan Swasthya Abhiyan in monitoring the National Health Mission is an example of:
(A) A Public-Private Partnership
(B) A social security mechanism

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(C) Social accountability
(D) Health financing

214. The National Commission on Macroeconomics and Health (2005) highlighted the strong link between:
(A) Health and political stability
(B) Health and economic development
(C) Health and international relations
(D) Health and military power

215. Consider the following statements regarding the National Health Policy, 2017:
1. Aims to increase government health expenditure to 2.5% of GDP.
2. Proposes creation of Health and Wellness Centres.
3. Sets a goal for eliminating Kala-azar by 2017.
4. Focuses on addressing the rising burden of non-communicable diseases.
5. Rejects the role of the private sector in health care.

Which of the above statements are correct?
(A) 1, 2, 3, and 4
(B) 1, 2, 4, and 5
(C) 2, 3, 4, and 5
(D) 1, 3, and 5

216. The concept of a single-purpose "Basic Health Worker" for malaria vigilance, who would visit every house fortnightly, was proposed by which committee?
(A) Chadaha Committee
(B) Bhore Committee
(C) Mudaliar Committee
(D) Kartar Singh Committee

217. In the context of the Indian Constitution, which of the following subjects is in the Concurrent List, having a direct bearing on health?
(A) Public health and sanitation
(B) Hospitals and dispensaries
(C) Prevention of the extension from one State to another of infectious or contagious diseases or pests
(D) Regulation of labour and safety in mines

218. The main criticism against the structure of India's health financing is that it is:
(A) Regressive and inequitable due to high OOPE.
(B) Progressive and equitable.
(C) Overly reliant on government funds.
(D) Primarily funded by foreign aid.

219. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The Kartar Singh Committee recommended the replacement of unipurpose health workers with multipurpose workers.
Reason (R) : It was felt that having multiple workers visiting the same family for different health programs was inefficient and that an integrated approach would be more effective and acceptable.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

220. The primary goal of the Policy on Indian Systems of Medicine and Homeopathy, 2002, is to:
(A) Discourage the practice of allopathy in India.
(B) Ensure the scientific validation and quality control of AYUSH systems.
(C) Nationalize all AYUSH drug manufacturing units.
(D) Make a degree in AYUSH mandatory for all medical practitioners.

221. Which committee was set up to "review what has been done, to assess what has been achieved and to project the future needs" in the health sector after the first two Five-Year Plans?
(A) Bhore Committee
(B) Srivastava Committee
(C) Mudaliar Committee
(D) Bajaj Committee

222. The National Health Policy, 2017 aims to reduce the Total Fertility Rate (TFR) to what level by 2025?
(A) 1.8
(B) 2.0
(C) 2.3
(D) 2.1

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223. Read the following statements regarding the health sector in India.
Statement I : The public health infrastructure in India is uniform in quality and accessibility across all states.
Statement II : The private health sector is concentrated in urban areas and caters mostly to those who can afford its services.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

224. Which of the following is an example of a 'demand-side' financing mechanism in health?
(A) Government building a new hospital.
(B) Government providing health insurance vouchers to citizens (like in PM-JAY).
(C) Government paying salaries to doctors.
(D) Government purchasing new equipment for a public lab.

225. Match the items in List I with the items in List II and choose the correct option.
List I (Legislation):
P. The Epidemic Diseases Act
Q. The Food Safety and Standards Act
R. The Mental Healthcare Act
S. The Transplantation of Human Organs Act
List II (Year of Enactment):
1. 2017
2. 1994
3. 1897
4. 2006
Choose the correct option from the following:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

226. The Bhore Committee's vision of 'comprehensive health care' included:
(A) A strong focus on both preventive and curative services.
(B) Only curative services.
(C) Only preventive services.
(D) A focus only on health education.

227. The large, unregulated private health sector in India poses a challenge to which key principle of the NHP 2017?
(A) Pluralism
(B) Decentralization
(C) Affordability and Quality
(D) Professionalism

228. The concept of linking a medical college to the community via PHCs for training and service delivery was a key feature of the:
(A) Multipurpose worker scheme for integrated rural welfare.
(B) Integration plan for comprehensive community health management.
(C) Referral system plan for various urban health centers.
(D) ROME scheme recommended by the Srivastava Committee.

229. Consider the following statements about health committees in India:
1. The Bhore Committee laid the blueprint for India's public health system.
2. The Mudaliar Committee was known as the Health Survey and Planning Committee.
3. The Kartar Singh Committee recommended the multipurpose worker scheme.
4. The Srivastava Committee focused on medical education and support manpower.
5. The Jungalwalla Committee focused on the integration of health services.
Which of the above statements are correct?
(A) 1, 2, 3 and 4
(B) 2, 3, 4 and 5
(C) 1, 3, 4 and 5
(D) 1, 2, 3, 4 and 5

230. A key quantitative goal of the National Health Policy, 2017 is to increase the utilization of public health facilities by what percentage from current levels by 2025?
(A) 25%
(B) 50%
(C) 75%
(D) 100%

231. The primary difference between social health insurance (like ESIS) and private voluntary health insurance is that social insurance is typically:
(A) More expensive and offers fewer benefits.
(B) Optional for everyone and funded by profits.
(C) Available only in urban areas for the

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wealthy.
(D) Mandatory for a specific group and contributory in nature.

232. Read the following statements regarding Article 47 of the Constitution.
Statement I : Article 47 of the Constitution directs the State to prohibit the consumption of intoxicating drinks and drugs injurious to health.
Statement II : This provision is a Fundamental Right and is enforceable in a court of law.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

233. The establishment of AIIMS-like institutions was a recommendation of which committee to promote excellence in medical education and research?
(A) Bhore Committee
(B) Srivastava Committee
(C) Mudaliar Committee
(D) Bajaj Committee

234. Which of the following is NOT a primary reason for the promotion of Public-Private Partnerships in health by the government?
(A) To eventually dismantle the public health system.
(B) To overcome financial constraints in the public sector.
(C) To leverage private sector efficiency and expertise.
(D) To expand the reach of health services more rapidly.

235. The "People's Health in People's Hands" slogan is associated with the report of the:
(A) Bhore Committee
(B) High Level Expert Group on UHC
(C) National Commission on Population
(D) Srivastava Committee

236. A significant portion of out-of-pocket health expenditure in India is on:
(A) Paying for public transport to hospitals.
(B) Buying medicines from pharmacies.
(C) Paying official user fees at public hospitals.
(D) Purchasing health magazines.

237. The 'Health for All' goal, which influenced NHP 1983, was set at an international conference in 1978 in:
(A) Geneva
(B) New Delhi
(C) Alma-Ata (now Almaty)
(D) New York

238. The following question consists of two statements — Assertion (A) and Reason (R). Answer the question by selecting the appropriate option.
Assertion (A) : The Mental Healthcare Act, 2017 takes a rights-based approach to mental health.
Reason (R) : It protects the rights of persons with mental illness to live with dignity, provides for advance directives, and prohibits cruel and inhuman treatment.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

239. The National Population Policy (2000) created a National Commission on Population, which was to be chaired by the:
(A) Prime Minister
(B) President of India
(C) Minister of Health and Family Welfare
(D) Chief Justice of India

240. The transition from a focus on individual disease control programs (vertical programs) to an integrated health service delivery was a key theme for which committees?
(A) Bhore and Mudaliar Committees
(B) Jungalwalla and Kartar Singh Committees
(C) Chadaha and Mukherjee Committees
(D) Srivastava and Bajaj Committees

241. Which of the following is an example of a civil society organization's role in health service delivery?
(A) The government opening a new district hospital.
(B) An NGO running mobile health clinics in remote tribal areas.
(C) A corporate hospital advertising its new

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cardiac unit.
(D) The National Medical Commission setting curriculum standards.

242. Consider the following statements about the Bhore Committee's recommendations:
1. It recommended a 3-tier system of PHCs.
2. It emphasized the integration of preventive and curative services.
3. It proposed the creation of 'social physicians'.
4. Its recommendations were fully implemented within the first Five Year Plan.

Which of the above statement(s) is/are correct?
(A) 1, 2 and 3
(B) 2, 3 and 4
(C) 1, 3 and 4
(D) 1, 2 and 4

243. The National Health Policy, 2002, recommended an increase in government expenditure on health to what percentage of the GDP?
(A) 1%
(B) 3%
(C) 2%
(D) 5%

244. The fact that the subject 'Population control and family planning' is in the Concurrent List of the Constitution implies that:
(A) Only states can make laws on this subject.
(B) Only the central government can make laws on this subject.
(C) This subject is outside the legislative competence of both Centre and States.
(D) Both the central and state governments can legislate on this matter.

245. Read the following statements regarding the pluralistic healthcare system in India.
Statement I : India has a pluralistic healthcare system where multiple systems of medicine are practiced.
Statement II : The National Health Policy, 2017, discourages this pluralism and promotes the exclusive use of allopathic medicine.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

246. Which health committee's report was titled "An alternative strategy for health for all"?
(A) Bhore Committee
(B) ICSSR-ICMR Joint Panel on Health
(C) Mudaliar Committee
(D) Srivastava Committee

247. The high prevalence of out-of-pocket expenditure (OOPE) in India is indicative of:
(A) A well-functioning public health system.
(B) Comprehensive social security and insurance coverage.
(C) A population that prefers paying for services.
(D) Low levels of public financing for health.

248. The primary mandate of the Food Safety and Standards Authority of India (FSSAI) is to:
(A) Lay down science-based standards for food and regulate their manufacture, storage, distribution, and sale.
(B) Regulate the prices of essential food items.
(C) Promote the export of Indian food products.
(D) Conduct raids on restaurants to check for tax evasion.

249. Arrange the following health committees in the correct chronological order:
(A) Srivastava, Kartar Singh, Mudaliar, Bhore
(B) Mudaliar, Bhore, Srivastava, Kartar Singh
(C) Bhore, Mudaliar, Kartar Singh, Srivastava
(D) Bhore, Kartar Singh, Mudaliar, Srivastava

250. The ultimate aim of all health policies and the development of health services in India is to:
(A) Improve the health status of the population and ensure equitable access to quality care.
(B) Ensure the profitability of the private healthcare sector.
(C) Align completely with the health systems of Western countries.
(D) Increase the number of medical colleges and doctors indefinitely.

Direction : Please read the following source carefully.

The evolution of health services in post-independent India has been significantly shaped by a series of high-level health committees. These committees were periodically constituted to undertake comprehensive assessments of the existing health situation, identify critical gaps

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in healthcare delivery, and formulate strategic recommendations for future development. Their primary function was to provide a blueprint for the nation's health sector, guiding the allocation of resources and the structuring of services. The recommendations emanating from these bodies often addressed a wide spectrum of issues, including the establishment of a robust primary healthcare infrastructure, the training and deployment of medical and paramedical personnel, the control of communicable diseases, and the integration of preventive and curative services. The development of health services, therefore, did not occur in a vacuum but was a planned, albeit challenging, process. The progressive development of health services reflects a continuous dialogue between policy formulation, as guided by these expert committees, and the practical realities of implementation on the ground. This systematic approach aimed to create a tiered healthcare system capable of catering to the diverse needs of a large and varied population, laying the foundation upon which subsequent health policies and programs were built.

Based on the above source, attempt the following five questions.

251. According to the passage, what was the principal role of health committees in independent India?
(A) Directly implementing health programs at the grassroots level.
(B) Conducting assessments and providing strategic recommendations for health sector development.
(C) Primarily focusing on securing international funding for health.
(D) Exclusively managing the financial aspects of public hospitals.

252. The passage suggests that the development of health services in India was characterized by which of the following?
(A) A planned and systematic approach guided by expert recommendations.
(B) A spontaneous and unplanned growth pattern.
(C) An exclusive reliance on traditional medicine.
(D) A complete decentralization of all health-related decision-making from the start.

253. What can be inferred about the scope of the recommendations made by the health committees?
(A) They were narrowly focused only on urban hospital infrastructure.
(B) They were primarily concerned with the legal and legislative aspects of health.
(C) They were comprehensive, covering areas from infrastructure to human resources and disease control.
(D) They were limited to suggesting curative measures for specific diseases.

254. The phrase "did not occur in a vacuum" implies that the evolution of health services was:
(A) dependent on political changes and international pressures.
(B) isolated from the socio-economic conditions of the country.
(C) driven solely by the demands of the medical community.
(D) influenced by a deliberate process of study and planning.

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255. The passage indicates a relationship between health committees and subsequent health policies. Which statement best describes this relationship?
(A) Health policies were often developed in direct opposition to committee recommendations.
(B) Committee recommendations were legally binding and had to be implemented as national policy.
(C) The findings of the committees provided a foundational blueprint for later policies and programs.
(D) Health policies were created independently, with committees only reviewing them after implementation.

Direction : Please read the following source carefully.

The governance of health in India is deeply rooted in its constitutional framework, which delineates responsibilities through a federal structure. Health, being a state subject, primarily falls under the jurisdiction of individual state governments, granting them the authority to legislate and implement health programs tailored to their specific populations. However, the central government retains a significant role in guiding

national health policy, coordinating between states, and managing matters of national importance such as medical education, disease control across state borders, and international health regulations. This division of power necessitates a collaborative approach. The constitutional provisions, while not explicitly declaring a fundamental right to health, provide a basis for it through directives related to public health, nutrition, and standard of living. These provisions are intrinsically linked to the concept of social security, which aims to protect citizens from the financial and social consequences of illness. The federal structure, therefore, creates a dynamic interplay where the central government sets broad policy objectives and standards, while state governments are responsible for the last-mile delivery and administration of health services, all within a framework that aspires to provide a measure of social security against health-related vulnerabilities.

Based on the above source, attempt the following five questions.

256. Based on the passage, what is the primary responsibility of state governments in the Indian health sector?
(A) Setting national health policy and managing international health relations.
(B) Legislating and implementing health programs within their jurisdiction.
(C) Exclusively funding all medical education and research institutions.
(D) Regulating the pharmaceutical industry across the entire country.

257. The passage implies that the role of the central government in health is primarily one of:
(A) direct service delivery in all states.
(B) funding the entire health budget of every state.
(C) absolute legislative control over all aspects of health.
(D) coordination, policy guidance, and management of issues with national implications.

258. How does the passage connect constitutional provisions to social security?
(A) By suggesting that constitutional directives on public health and nutrition form the basis for protecting citizens from the impacts of illness.
(B) By stating that the constitution mandates a fully state-funded insurance for every citizen.
(C) By declaring that social security is exclusively the responsibility of the central government.
(D) By arguing that constitutional provisions limit the state's role in providing social security.

259. What does the federal structure in health governance necessitate, according to the passage?
(A) A competitive relationship between the centre and states.
(B) The complete autonomy of states without any central intervention.
(C) A collaborative mechanism between the central and state governments.
(D) The outsourcing of all health services to the private sector.

260. What can be inferred from the passage about the 'right to health' in India?
(A) Its foundation is derived implicitly from directives concerning public health and nutrition.
(B) It is explicitly guaranteed as a fundamental right in the constitution.
(C) It is not mentioned in the constitution and has no legal basis.
(D) It is a right that is only applicable in certain states and not nationally.

Direction : Please read the following source carefully.

India's journey in public health policy is marked by a significant evolution, as captured by the National Health Policies (NHPs) of 1983, 2002, and 2017. The NHP of 1983 emerged in the backdrop of the Alma-Ata Declaration, emphasizing the creation of a comprehensive primary healthcare services infrastructure. It adopted a curative-centric and decentralized approach, aiming to build a network of health facilities. By 2002, the policy landscape had shifted. The NHP 2002 recognized the growing role of the private sector and the need for a more holistic framework that went beyond public

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infrastructure. It introduced considerations for regulating the private sector and revising medical education, reflecting a more complex health system. The most recent NHP, 2017, represents a paradigm shift towards a more aspirational and comprehensive vision. It moves from a purely service-delivery model to a rights-based approach, aiming for the attainment of the highest possible level of health and well-being for all. Key features of the 2017 policy include its focus on preventive and promotive healthcare, financial protection to prevent catastrophic health expenditure, and a commitment to increasing public health spending. This progression from infrastructure focus to a holistic, rights-based approach illustrates the maturing of India's health policy in response to changing health needs and global discourse.

Based on the above source, attempt the following five questions.

261. What was a primary focus of the National Health Policy of 1983?
(A) Regulating the private healthcare sector.
(B) Promoting health insurance and financial protection.
(C) Adopting a rights-based approach to health.
(D) Establishing a comprehensive primary healthcare infrastructure.

262. How did the National Health Policy of 2002 differ from its predecessor?
(A) It completely abandoned the goal of primary healthcare.
(B) It acknowledged the significance of the private sector in the health system.
(C) It was the first policy to introduce a rights-based approach.
(D) It focused exclusively on preventive and promotive health.

263. According to the passage, the National Health Policy of 2017 is characterized by a shift towards:
(A) a purely curative and hospital-centric model.
(B) a model focused solely on decentralization of services.
(C) a rights-based approach emphasizing preventive health and financial protection.
(D) a policy that reduces the role of the government in healthcare.

264. The evolution of India's National Health Policies, as described in the passage, reflects:
(A) a consistent and unchanging approach to public health over decades.
(B) a decreasing commitment to public health spending.
(C) a complete rejection of global health declarations and discourses.
(D) a growing complexity and maturity in addressing national health challenges.

265. What can be inferred as a key goal of the NHP 2017's focus on "financial protection"?
(A) To reduce the burden of catastrophic out-of-pocket health expenditure on households.
(B) To ensure that all healthcare services are provided free of cost.
(C) To encourage more private investment in the health sector.
(D) To channel all health financing through private insurance companies.

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Direction : Please read the following source carefully.

The formulation of a national Population Policy and a national Nutrition Policy in India signifies a strategic understanding of the intricate links between demographic trends, health outcomes, and overall development. The Population Policy is not merely concerned with demographic control but aims to achieve population stabilization by addressing the underlying social determinants of health. This involves a focus on improving maternal and child health, increasing access to reproductive health services, and promoting female education and empowerment, moving away from coercive measures towards voluntary and informed choice. Concurrently, the Nutrition Policy addresses the pervasive challenge of malnutrition, which has profound implications for morbidity, mortality, and cognitive development. It seeks to ensure food and nutrition security for all, particularly for vulnerable groups like children, pregnant women, and lactating mothers. The policy framework emphasizes a multi-sectoral approach, integrating interventions across health, agriculture, education, and sanitation to tackle the multifaceted nature of malnutrition. The synergy between the Population Policy and the Nutrition Policy is crucial; a well-nourished population is healthier and more receptive to

family planning, while smaller family sizes can lead to better nutritional outcomes and resource allocation within households, creating a virtuous cycle of health and development.

Based on the above source, attempt the following five questions.

266. According to the passage, what is the modern approach of the Population Policy?
(A) A focus on coercive measures for demographic control.
(B) An emphasis on voluntary choice and addressing social determinants of health.
(C) A singular goal of reducing population without other considerations.
(D) A policy managed exclusively by the education sector.

267. The Nutrition Policy is described as adopting a multi-sectoral approach because:
(A) it is solely implemented by the health ministry.
(B) malnutrition is a complex problem requiring integrated action across various sectors like health and agriculture.
(C) it focuses only on providing supplementary food.
(D) it is designed to be implemented only by non-governmental organizations.

268. The passage suggests a synergistic relationship between Population and Nutrition policies. Which statement best illustrates this synergy?
(A) Improved nutrition can support family planning goals, and smaller family sizes can improve nutritional status.
(B) Population control is the only way to solve malnutrition.
(C) Better nutrition has no impact on family planning choices.
(D) These policies operate independently and have conflicting goals.

269. Who are identified in the passage as primary vulnerable groups targeted by the Nutrition Policy?
(A) Urban professionals and industrial workers.
(B) Elderly citizens living in affluent areas.
(C) Children, pregnant women, and lactating mothers.
(D) All adult males in the population.

270. What can be inferred about the overall goal of these two policies?
(A) To achieve specific statistical targets at any social cost.
(B) To reduce the government's expenditure on health and welfare.
(C) To transfer the responsibility of health and nutrition to individual households.
(D) To create a healthier and more developed society through a holistic approach.

Direction : Please read the following source carefully.

The formal recognition and integration of traditional medicine are articulated in the Policy on Indian Systems of Medicine and Homeopathy, 2002. This policy was a landmark initiative aimed at mainstreaming the rich heritage of indigenous health practices, including Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy (AYUSH), within the national health framework. The central objective was to leverage the potential of these systems to contribute towards the goal of 'Health for All'. The policy addressed several key areas essential for this integration, such as the need for standardization of drugs and practices, enhancing the quality of education and training in AYUSH colleges, and promoting systematic research to validate the efficacy and safety of traditional treatments. By doing so, the policy sought to build credibility and increase public confidence in these systems. It also envisioned a role for AYUSH practitioners in the national healthcare delivery system, particularly in preventive, promotive, and primary healthcare, thereby helping to bridge the gap in healthcare access, especially in underserved areas. The policy represents a strategic effort to create a pluralistic healthcare system where different medical traditions can coexist and complement each other for the overall benefit of public health.

Based on the above source, attempt the following five questions.

271. What is the central objective of the Policy on Indian Systems of Medicine and Homeopathy, 2002, as described in the passage?
(A) To replace the allopathic system entirely with traditional medicine.
(B) To limit the practice of AYUSH systems to rural areas only.

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(C) To mainstream and integrate AYUSH systems into the national health framework.
(D) To focus exclusively on the export of traditional Indian medicines.

272. The passage identifies which of the following as a key area addressed by the policy to build credibility for AYUSH systems?
(A) The prohibition of traditional practices in public hospitals.
(B) The standardization of drugs, quality education, and promotion of research.
(C) The mandatory integration of allopathic modules in all AYUSH courses.
(D) The discouragement of public-private partnerships in traditional medicine.

273. The policy envisioned a significant role for AYUSH practitioners primarily in which area of healthcare?
(A) Exclusively in complex surgical procedures.
(B) In managing the financial administration of large hospitals.
(C) In conducting international clinical trials for allopathic drugs.
(D) In preventive, promotive, and primary healthcare services.

274. The term "pluralistic healthcare system" in the context of the passage implies a system where:
(A) different medical traditions coexist and complement one another.
(B) only one system of medicine is officially recognized.
(C) patients are restricted to using only one type of medical system.
(D) the government does not regulate any medical practices.

275. What can be inferred about the potential benefit of integrating AYUSH practitioners into the national healthcare system?
(A) It could decrease the overall cost of medical education.
(B) It would eliminate the need for allopathic doctors entirely.
(C) It could help improve healthcare access, particularly in underserved regions.
(D) It would lead to the complete deregulation of medical practices.

Direction : Please read the following source carefully.

In India, a comprehensive body of health legislation forms the bedrock for regulating the health sector and safeguarding public health. These laws are not monolithic but comprise a wide array of statutes addressing different facets of healthcare. The purpose of this legal framework is multi-pronged. Firstly, it aims to ensure the quality and safety of medical services and products by setting standards for medical education, professional conduct of practitioners, and the manufacturing and sale of drugs and food items. Secondly, important health legislations are enacted to control the spread of infectious diseases and manage public health emergencies, granting authorities the power to implement necessary containment measures. Thirdly, these laws seek to protect the rights and interests of patients, covering aspects such as informed consent, confidentiality, and regulation of clinical trials. Furthermore, legislation plays a crucial role in shaping the operational environment for health infrastructure, including hospitals and diagnostic centers. The effective enforcement of these laws is paramount for creating a healthcare ecosystem that is safe, ethical, and accountable to the citizens it serves. This legislative framework is dynamic, evolving in response to new health challenges, technological advancements, and a growing understanding of patient rights.

Based on the above source, attempt the following five questions.

276. According to the passage, what is a primary purpose of health legislation in India?
(A) To ensure the quality of medical services and protect public health.
(B) To limit the number of medical colleges in the country.
(C) To provide direct financial aid to patients.
(D) To promote the export of pharmaceutical products.

277. The passage suggests that legislation governing public health emergencies is designed to:
(A) restrict the powers of health authorities.
(B) primarily focus on the economic impact of diseases.
(C) exclusively fund research into new vaccines.
(D) empower authorities to implement

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measures to control disease spread.

278. Which of the following aspects related to patient interests is mentioned as being covered by health legislation?
(A) The pricing of all hospital services.
(B) The regulation of informed consent and confidentiality.
(C) The architectural design of hospitals.
(D) The provision of free medicines to all citizens.

279. The term "dynamic" used to describe the legislative framework implies that it:
(A) is rigid and resistant to change.
(B) is outdated and no longer relevant.
(C) adapts over time to new challenges and advancements.
(D) is created without input from medical professionals.

280. What can be inferred as the ultimate goal of effectively enforcing health legislation?
(A) To increase the profitability of private hospitals.
(B) To reduce the administrative burden on the government.
(C) To ensure that all doctors work exclusively in the public sector.
(D) To create a healthcare system that is safe, ethical, and accountable.

Direction : Please read the following source carefully.

The health infrastructure in India is a complex, multi-layered system comprising public, private, and charitable sectors, each playing a distinct role in healthcare delivery. The public sector, funded and managed by the government, forms the backbone of the system, with a hierarchical network of facilities ranging from Sub-Centres and Primary Health Centres (PHCs) in rural areas to district hospitals and tertiary care institutions in urban centers. Its primary mandate is to ensure equitable access to preventive, promotive, and basic curative care, particularly for the poor and marginalized. In contrast, the private sector is highly heterogeneous, encompassing everything from single-doctor clinics to large corporate hospital chains. It is the dominant provider of curative and specialized medical services, especially in urban areas, and is often perceived as offering higher quality, though more expensive, care. The charitable sector, comprising non-profit organizations and trusts, occupies a unique space. While smaller in scale compared to the public and private sectors, it makes a significant contribution by providing affordable or free healthcare to specific communities, often focusing on niche areas or underserved populations. The coexistence of these three sectors creates a mixed healthcare landscape with significant challenges in terms of regulation, integration, and equity.

Based on the above source, attempt the following five questions.

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281. What is described as the primary mandate of the public health sector in India?
(A) To ensure equitable access to basic and preventive care, especially for the marginalized.
(B) To exclusively provide high-end specialized surgical procedures.
(C) To compete with the private sector in terms of profitability.
(D) To focus solely on healthcare delivery in major metropolitan cities.

282. How is the private health sector characterized in the passage?
(A) As a small and insignificant part of the healthcare system.
(B) As a heterogeneous and dominant provider of specialized curative care.
(C) As a uniform system of equally sized hospitals.
(D) As a provider of free healthcare services to the entire population.

283. What is the distinct role of the charitable sector in India's health infrastructure?
(A) To regulate the public and private health sectors.
(B) To provide affordable or free care, often to specific communities or in niche areas.
(C) To function as the largest employer of medical professionals in the country.
(D) To exclusively manage the production and supply of pharmaceuticals.

284. The passage implies that the coexistence of public, private, and charitable sectors leads to challenges in:
(A) regulation, integration, and ensuring equitable access.
(B) medical innovation and technological adoption.
(C) training of healthcare professionals.
(D) securing international funding for health projects.

285. Based on the passage, a key difference between the public and private sectors is that:
(A) the public sector is urban-centric, while the private sector is rural-centric.
(B) the public sector is primarily focused on curative care, while the private sector is focused on preventive care.
(C) the public sector is government-funded with a focus on equity, while the private sector is a dominant provider of expensive, specialized services.
(D) the public sector is unregulated, while the private sector is heavily regulated by charitable institutions.

Direction : Please read the following source carefully.

In response to the challenges of scaling up health infrastructure and improving service delivery, the Public-Private Partnership (PPP) model has gained prominence in India's health sector. The fundamental rationale behind PPPs is to leverage the respective strengths of both the public and private sectors for a common goal. This model seeks to combine the public sector's social mandate, reach, and regulatory authority with the private sector's efficiency, technological expertise, and capital investment capabilities. PPPs in health can manifest in various forms, from contracting out non-clinical services in public hospitals to private management of primary health centers, or collaboration in building and operating new tertiary care facilities. The objective is to enhance access, affordability, and quality of healthcare services, particularly in areas where the public sector is overstretched or lacks specific resources. However, the implementation of PPPs is not without complexities. It requires robust regulatory frameworks to ensure that public health goals are not compromised by profit motives. Issues of equity, accountability, and the cost of care under PPP arrangements are critical areas of policy debate and require careful monitoring to ensure that these partnerships genuinely serve the public interest and do not exacerbate existing inequalities in the healthcare system.

Based on the above source, attempt the following five questions.

286. What is the fundamental rationale for implementing Public-Private Partnerships (PPPs) in the health sector?
(A) To completely replace the public health system with a private one.
(B) To limit the private sector's involvement in healthcare delivery.
(C) To exclusively fund the public sector using private donations.
(D) To combine the strengths of the public and private sectors for mutual benefit.

287. According to the passage, what does the private sector contribute to a PPP in health?
(A) Social mandate and regulatory authority.
(B) Widespread reach in rural and remote areas.
(C) Efficiency, expertise, and capital investment.
(D) A primary focus on non-profit service delivery.

288. The passage suggests that the implementation of PPPs requires which of the following to be successful?
(A) A complete absence of government regulation.
(B) A strong regulatory framework to protect public health goals.
(C) The exclusion of the public sector from all decision-making.
(D) A focus solely on high-profit clinical services.

289. Which of the following is identified as a potential challenge or area of concern in health PPPs?
(A) Lack of interest from the private sector.
(B) The inability to attract capital investment.
(C) A decline in technological innovation.
(D) Issues of equity, accountability, and cost of care.

290. What can be inferred about the objective of PPPs in the Indian health context?

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(A) To enhance the quality, affordability, and accessibility of healthcare services.
(B) To maximize profits for private partners without any social considerations.
(C) To reduce the government's role in health to zero.
(D) To limit healthcare services only to those who can pay.

Direction : Please read the following source carefully.

Health financing in India is a critical determinant of healthcare access and equity, characterized by a mixed model of funding sources. The government's contribution to health financing, while significant, has historically been lower than in many other nations, leading to a heavy reliance on other mechanisms. A major feature of the Indian health financing landscape is the high prevalence of Out-of-Pocket Expenditure (OOPE), where individuals and households bear the cost of healthcare directly at the point of service. This high OOPE is a major cause of financial hardship and can push vulnerable families into poverty. To mitigate this risk, health insurance has emerged as an increasingly important financing tool. Health insurance, both public-sponsored and private, aims to pool risk and provide financial protection against catastrophic health events. Government-funded health insurance schemes, in particular, have been launched to cover large sections of the population, especially the poor and informal sector workers. The overarching challenge for health financing policy is to increase public spending on health, expand the coverage of effective health insurance, and progressively reduce the burden of Out-of-Pocket Expenditure to ensure that financial constraints do not become a barrier to accessing necessary healthcare.

Based on the above source, attempt the following five questions.

291. What is identified in the passage as a major characteristic of the Indian health financing landscape?
(A) Extremely high levels of government spending on health.
(B) A complete absence of private health insurance.
(C) A high prevalence of Out-of-Pocket Expenditure (OOPE).
(D) The provision of all healthcare services free of charge.

292. According to the passage, what is a primary negative consequence of high OOPE?
(A) It can cause financial hardship and push families into poverty.
(B) It leads to an oversupply of doctors and nurses.
(C) It reduces the profitability of pharmaceutical companies.
(D) It encourages overuse of public health facilities.

293. What is the main purpose of health insurance as described in the passage?
(A) To replace government spending on health entirely.
(B) To fund the construction of new hospitals.
(C) To directly pay the salaries of government doctors.
(D) To pool risk and provide financial protection against high healthcare costs.

294. The passage suggests that government-funded health insurance schemes primarily target:
(A) high-income urban populations.
(B) poor and informal sector workers.
(C) employees of multinational corporations.
(D) foreign tourists seeking medical care.

295. What is presented as an overarching challenge for India's health financing policy?
(A) To decrease the number of people covered by health insurance.
(B) To increase the reliance on Out-of-Pocket Expenditure.
(C) To reduce OOPE and increase public spending and insurance coverage.
(D) To reduce public spending and promote private financing.

Direction : Please read the following source carefully.

Beyond the formal structures of the state and market, civil society and social movements play a crucial and often transformative role in the health sector in India. Civil society organizations (CSOs), including non-governmental organizations, advocacy groups, and community-based organizations, act as critical intermediaries and

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watchdogs. They engage in a wide spectrum of activities, from grassroots-level health service delivery and awareness campaigns to high-level policy advocacy. A key function of these entities is to articulate the health needs and rights of marginalized communities, bringing their concerns to the forefront of policy debates. Social movements in health often emerge in response to systemic failures, public health crises, or the denial of health rights. These movements mobilize public opinion, challenge state apathy or complicity, and demand accountability and justice. They have been instrumental in shaping the discourse on issues such as access to essential medicines, environmental health hazards, and the rights of people living with specific diseases. By questioning dominant policies and power structures, civil society and social movements contribute to making the health system more responsive, equitable, and accountable to the people it is meant to serve, thereby fostering democratic participation in health governance.

Based on the above source, attempt the following five questions.

296. According to the passage, what is a key function of civil society organizations in the health sector?
(A) To exclusively provide funding for government health schemes.
(B) To replace the formal public health infrastructure entirely.
(C) To regulate the prices of medicines and hospital services.
(D) To act as intermediaries and advocate for the health rights of marginalized groups.

297. Social movements in health, as described in the passage, often arise in response to what?
(A) Systemic failures, public health crises, or the denial of health rights.
(B) An excess of government funding for health.
(C) The successful implementation of all health policies.
(D) The high profitability of the private healthcare sector.

298. The passage suggests that the activities of civil society and social movements lead to:
(A) a decrease in public participation in health governance.
(B) a health system that is more responsive, equitable, and accountable.
(C) a reduction in the need for formal health services.
(D) an increase in the cost of healthcare for all.

299. Which of the following best describes the role of social movements as "challenging state apathy"?
(A) Agreeing with and promoting all government policies.
(B) Holding the government accountable for its inaction or indifference to health issues.
(C) Providing financial support to government officials.
(D) Taking over the administrative functions of the health ministry.

300. What can be inferred about the relationship between civil society and the state from the passage?
(A) It is often a relationship of critical engagement, involving both collaboration and contestation.
(B) It is always one of complete cooperation and agreement.
(C) Civil society acts as an extension of the state, implementing its policies.
(D) Civil society has no interaction with or influence on the state.

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ANSWERS

1. (B) 1943
The Health Survey and Development Committee was established by the Government of India in 1943. Under the chairmanship of Sir Joseph Bhore, this committee was tasked with assessing the existing health conditions and infrastructure. Its comprehensive report laid the foundation for the future development of public health services. It emphasized the importance of integrated preventive and curative health care and the creation of primary health centers.

2. (C) Statement I is true, but Statement II is false.
The National Health Policy of 2017 aims to increase public health expenditure to two point five percent of the gross domestic product. It emphasizes a shift towards preventive and promotive health care rather than focusing only on curative aspects. This comprehensive approach seeks to strengthen primary care and achieve universal health coverage by ensuring that essential services are available to all citizens without financial hardship.

3. (C) It is a State subject under the Seventh Schedule.
Public health and sanitation along with hospitals and dispensaries are categorized under the State List within the Seventh Schedule of the Indian Constitution. This allocation implies that state governments possess primary legislative and executive authority over these domains. However, the central government provides technical guidance, financial support, and coordinates national health programs to ensure a uniform standard of health care and disease control across the country.

4. (D) Policy on Indian Systems of Medicine and Homeopathy, 2002.
The Policy on Indian Systems of Medicine and Homeopathy was introduced in 2002 to promote the integration of traditional medicine into the national healthcare network. It focuses on maintaining quality standards, encouraging research, and ensuring the availability of authentic raw materials. This policy seeks to provide patients with diverse treatment options while mainstreaming systems like Ayurveda, Yoga, Unani, Siddha, and Homeopathy alongside the modern medical system.

5. (A) P-4, Q-3, R-2, S-1
The Bhore Committee proposed a three tier system for health services while the Mudaliar Committee focused on strengthening district hospitals after the first two plans. The Kartar Singh Committee introduced the multipurpose workers scheme to integrate various health programs at the peripheral level. Finally, the Srivastava Committee recommended the creation of community level para professional health workers to bridge the gap between rural populations and formal medical services.

6. (B) Out-of-Pocket Expenditure (OOPE)
Households paying directly at the point of care defines out of pocket expenditure. This financial burden remains a significant barrier to accessing healthcare services in India. Such payments often lead to catastrophic health expenses and push vulnerable families into poverty. Reducing this expenditure is a primary goal of national health policies which aim to provide financial protection through government funded schemes and improved public services.

7. (D) To achieve a demographic transition to a stable population by 2045.
The National Health Policy of 2002 focused on increasing the utilization of public health facilities and promoting the private sector in service delivery. It also gave priority to preventive and promotive aspects of health. Achieving a stable population level by 2045 is a specific objective associated with the National Population Policy of 2000 rather than the health policy objectives formulated during the year 2002.

8. (A) Mudaliar Committee
The Health Survey and Planning Committee, commonly known as the Mudaliar Committee, suggested the establishment of an All India Health Service. This recommendation was

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intended to create a specialized cadre of healthcare administrators similar to the Indian Administrative Service. The goal was to improve the management and coordination of health programs across different states and ensure high quality professional leadership within the health sector during the early post independence era.

9. (B) Both A and R are true but R is not the correct explanation of A.
While the Indian Constitution does not explicitly list the right to health as a fundamental right, judicial interpretations have linked it to the right to life. The Supreme Court has consistently held that the right to health is an integral part of living with dignity under Article 21. Both statements correctly describe the legal landscape, but the judicial interpretation does not negate the constitutional absence.

10. (A) Leverage private sector resources and efficiency for public health goals.
Public Private Partnerships in the healthcare sector are designed to utilize the resources, managerial expertise, and technical efficiency of the private sector to meet public health objectives. These collaborations aim to fill infrastructure gaps and improve service delivery in government facilities. By combining the strengths of both sectors, the government can expand access to specialized services while maintaining its role in regulation, financing, and overall governance.

11. (D) National Pension System (NPS)
The National Pension System is primarily a retirement benefit scheme aimed at providing long term financial security after employment. Unlike the Employees State Insurance Scheme or the Central Government Health Scheme, it does not contain a specific medical or healthcare component for its beneficiaries. Health related social security mechanisms in India are specifically designed to provide financial protection against medical expenses and ensure access to healthcare.

12. (A) 1, 2, and 3
Primary Health Centres and Sub-centres serve as the initial contact points for rural communities seeking medical assistance. Community Health Centres act as referral units that provide specialized services for several primary centres. While district hospitals provide secondary care, they are not typically considered the absolute apex of the entire healthcare system, as tertiary research institutes and specialized medical colleges occupy the highest level of the medical care hierarchy in India.

13. (C) Kartar Singh Committee
The Kartar Singh Committee was formed in 1973 with the specific objective of reviewing the multipurpose workers scheme within health and family planning. It recommended the replacement of unipurpose health workers with integrated multipurpose workers to improve the efficiency of service delivery at the grassroots level. This shift aimed to ensure that a single worker could address various health needs within a family, reducing the frequency of visits.

14. (C) Both Statement I and Statement II are correct.
The National Nutrition Policy of 1993 recognizes that malnutrition is a complex issue requiring a multi sectoral approach. It combines direct interventions, such as supplementary feeding for vulnerable groups, with indirect strategies like improving food security and female literacy. By addressing both the immediate dietary needs and the underlying socio economic determinants of nutrition, the policy aims to achieve long term improvements in the health status.

15. (A) Address the unmet needs for contraception and health infrastructure.
The immediate goal of the National Population Policy of 2000 was to improve the healthcare infrastructure and meet the existing demand for contraception. By addressing these fundamental gaps, the policy aimed to provide better reproductive health services to the population. This immediate focus served as the foundation for achieving medium term goals like reducing fertility rates and long term objectives such as reaching a stable population level.

16. (A) 3, 2, 4, 1
The correct chronological sequence of these legislations begins with the Drugs and Cosmetics Act of 1940. This was followed by the Pre-Conception and Pre-Natal Diagnostic Techniques Act in 1994 to prevent sex selection. The Food Safety and Standards Act was enacted in 2006 to consolidate food related laws. Finally, the Mental

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Healthcare Act of 2017 was passed to protect the rights of persons with mental illness.

17. (B) Social movement in health
Advocacy by civil society organizations for a legal right to health represents a social movement within the healthcare sector. These movements involve organized collective efforts by citizens and non state actors to influence policy changes and demand accountability from the government. Such actions are driven by the goal of ensuring equitable access to healthcare and protecting the fundamental rights of the population through legislative and structural reforms.

18. (A) Health is a state subject, making states primarily responsible for implementation.
The constitutional classification of health as a state subject means that individual state governments have the primary responsibility for managing and delivering healthcare services. This federal structure results in variations across states regarding health infrastructure and outcomes. While the central government formulates national policies and provides funding, the actual execution and day to day administration of public health programs remain under the jurisdiction of the states.

19. (C) Article 38 - Power of Parliament to legislate on public health for the entire country.
Article 38 of the Indian Constitution relates to the promotion of social welfare and the reduction of inequalities in income and status. It does not grant Parliament the specific power to legislate on public health, as this subject primarily falls under the State List. Public health legislation is largely the responsibility of states, although the center can intervene in matters involving inter state concerns or international obligations.

20. (A) Both A and R are true and R is the correct explanation of A.
The National Health Policy of 2017 introduces strategic purchasing to optimize the use of public funds for healthcare. By purchasing services from both government and private providers, the state aims to ensure that a comprehensive package of health services is available to all citizens. This approach helps in expanding the capacity of the health system and improves access to quality care while the government maintains its regulatory role.

21. (C) Jungalwalla Committee
The Jungalwalla Committee was established in 1967 to provide recommendations on the integration of health services. It emphasized the need for a unified health service where medical care, public health, and family planning are coordinated at all administrative levels. The committee also advocated for the elimination of private practice by government doctors and the creation of a common cadre for all health personnel to ensure efficiency.

22. (B) Out-of-Pocket Expenditure (OOPE)
Out of pocket expenditure refers to the direct payments made by individuals to healthcare providers at the time of service. This includes costs for medicines, diagnostics, and consultation fees that are not reimbursed by any insurance or government scheme. In India, a high reliance on this type of spending often leads to financial hardship for poor households and remains a major challenge in achieving universal health coverage.

23. (B) 1, 3, and 4
The 2002 policy on traditional medicine aims to integrate AYUSH systems into the national health network while ensuring the standardization and quality control of drugs. It also emphasizes the promotion of medicinal plant cultivation to support the industry. The policy does not discourage research or suggest phasing out these systems; instead, it seeks to strengthen their scientific basis and broaden their reach to improve population health.

24. (A) The Drugs and Cosmetics Act, 1940
The Drugs and Cosmetics Act of 1940 is the primary legislation regulating the manufacture, distribution, and sale of pharmaceutical products in India. It ensures that medical products meet specific standards of safety, quality, and efficacy before they reach consumers. By establishing a regulatory framework for drugs and cosmetics, the act protects public health and provides the legal basis for the functioning of drug control authorities.

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25. (C) Maintenance phase of the National Malaria Eradication Programme.
The Chadaha Committee was appointed in 1963 to study the arrangements required for the maintenance phase of the malaria eradication effort. It recommended the deployment of basic health workers at the peripheral level to carry out integrated activities, including malaria vigilance and family planning. This shift was intended to ensure that the gains made during the eradication phase were sustained through a permanent rural health infrastructure.

26. (A) Centralization
The National Health Policy of 2017 is guided by principles such as equity, affordability, and professionalism. It emphasizes patient centered care and ethical standards within the healthcare delivery system. Centralization is not a key principle of this policy; rather, it promotes decentralization and community participation to ensure that health services are responsive to local needs and accessible to all segments of society across the country.

27. (B) P-2, Q-1, R-4, S-3
Different health legislations address specific social and medical challenges in India. The PCPNDT Act focuses on prohibiting sex selection, while the organ transplantation act regulates organ removal to prevent commercial trade. The Mental Healthcare Act protects the rights of patients and decriminalizes suicide attempts. Finally, the Food Safety and Standards Act establishes a regulatory framework through FSSAI to ensure the quality and safety of food products consumed by the public.

28. (B) National Health Policy, 2017
The National Health Policy of 2017 introduced the concept of Health and Wellness Centres as a major step toward providing comprehensive primary healthcare. These centers are created by upgrading existing Sub-centres and Primary Health Centres to offer a wider range of services, including screening for non communicable diseases. This initiative aims to bring healthcare closer to the community and reduce the burden on secondary and tertiary hospitals.

29. (C) Family Planning Programme
The Mukherjee Committee was established in 1965 to review the family planning program after it was delinked from malaria activities. The committee provided recommendations on the organizational structure and staffing required to implement family planning services effectively at the local level. Its work was crucial in refining the approach to population control and ensuring that family planning remained a priority within the broader public health framework.

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30. (D) Private sector
India's healthcare landscape is characterized by the overwhelming dominance of the private sector, which provides a large majority of both outpatient and inpatient services. While the public sector provides essential services and manages national health programs, many citizens rely on private providers due to perceived quality and accessibility. This dominance highlights the need for effective regulation and strategic partnerships to ensure that healthcare remains affordable and equitable for all.

31. (B) Both A and R are true but R is not the correct explanation of A.
Directive Principles of State Policy are guidelines for the government that are not enforceable by courts. However, they are fundamental to the country's governance, and the state is duty bound to apply them when creating laws. While both statements are accurate, the fact that these principles are fundamental for governance does not explain why they are non justiciable. Instead, their non justiciability is a separate constitutional characteristic.

32. (B) Fortification of essential foods with micronutrients.
Direct nutrition interventions involve specific actions aimed at immediately improving the nutritional status of individuals. Fortifying common foods like salt or flour with essential micronutrients such as iodine or iron is a key strategy under the National Nutrition Policy. While improving agriculture and education are important indirect strategies, they address the underlying causes of malnutrition over time rather than providing a direct medical or nutritional supplement.

33. (B) They are primarily government-funded and controlled entities.
Civil society organizations are independent, non governmental entities that represent the interests and will of the people. They play a critical role in advocating for policy changes, monitoring health programs, and mobilizing communities for health awareness. While they may receive some government grants for specific projects, they are not controlled by the state. Their independence allows them to act as watchdogs and hold the government accountable.

34. (A) The Group on Medical Education and Support Manpower
Formed in 1975, the Srivastava Committee is officially titled the Group on Medical Education and Support Manpower. It was tasked with reviewing the medical education system and suggesting ways to make it more relevant to the country's health needs. One of its landmark recommendations was the creation of a cadre of community level health workers, which eventually led to the development of integrated rural health services.

35. (B) 2 and 3
Out of pocket expenditure remains the dominant source of health financing in India, often leading to financial distress for families. While social security schemes like the Employees State Insurance Scheme provide vital protection, their overall contribution to total national health spending is relatively small. Conversely, public expenditure by the government is lower than in many other countries, and external aid represents only a minor fraction of the total health budget.

36. (D) Article 42
Article 42 of the Indian Constitution is a Directive Principle that mandates the state to make provisions for securing just and humane conditions of work and for maternity relief. This article provides the constitutional basis for various laws and policies aimed at protecting the health and well being of working women during pregnancy and childbirth. It reflects the state's commitment to social welfare and the protection of vulnerable groups.

37. (C) The Alma-Ata Declaration on Primary Health Care
The first National Health Policy of 1983 was heavily influenced by the 1978 Alma-Ata Declaration, which set the goal of Health for All by the year 2000. This international commitment emphasized the importance of primary healthcare as the key to achieving equitable health outcomes. India's policy adopted this framework, focusing on the expansion of rural health infrastructure and the integration of preventive and curative health services.

38. (A) 3, 2, 4, 1
The chronological order of these committees begins with the Bhore Committee in 1943, followed by the Mudaliar Committee in 1959. The Kartar Singh Committee was later formed in 1973 to address the multipurpose workers scheme. Finally, the Srivastava Committee was established in 1975 to focus on medical education. Each of these committees contributed significantly to the evolution of India's health system and the development of public health infrastructure.

39. (D) Prescribe minimum standards for all clinical establishments.
The Clinical Establishments Act of 2010 was enacted to provide a legal framework for the registration and regulation of all clinical establishments in the country. Its primary goal is to ensure that healthcare facilities maintain minimum standards regarding facilities, services, and personnel. By standardizing the quality of care across both public and private sectors, the act aims to protect patient rights and improve the overall healthcare delivery system.

40. (C) Statement I is true, but Statement II is false.
India's private health sector is incredibly diverse, comprising everything from small clinics to large multi specialty corporate hospitals. While this sector provides a significant portion of healthcare services, it is not uniformly regulated across the country. Many states have not fully implemented the necessary regulatory frameworks, leading to variations in the quality and cost of care. This lack of consistent oversight remains a major challenge for the health system.

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41. (C) Bhore Committee
The Bhore Committee, established in 1943, was the first to articulate the concept of comprehensive healthcare for the Indian population. It argued that preventive and curative services should be integrated and provided through a network of primary health centers. This visionary approach emphasized that health is not merely the absence of disease but a state of physical and mental well being that requires a holistic and social perspective.

42. (A) To review the staff pattern and problems in the Family Planning Programme after the delinking from Malaria activities.
The Mukherjee Committee was appointed in 1966 to evaluate the organizational requirements of the family planning program following its separation from the malaria eradication initiative. The committee focused on determining the necessary staffing levels and administrative structures to ensure that family planning services could be delivered effectively. This review was essential for strengthening the institutional capacity of the public health system to manage population related programs independently.

43. (A) P-3, Q-4, R-1, S-2
India's major health and population policies were launched at different stages of its development. The first National Health Policy was announced in 1983, followed by the National Nutrition Policy in 1993. The National Population Policy was introduced in 2000 to address demographic challenges. Most recently, the latest National Health Policy was launched in 2017 to provide a modern framework for achieving universal health coverage and improving public health outcomes.

44. (B) A collective of non-state actors influencing health policy and practice.
Civil society in the health sector consists of various non state actors, including non governmental organizations, community groups, and professional associations. These entities play a vital role in representing the voices of citizens, advocating for health rights, and monitoring the implementation of government programs. They often bridge the gap between the state and the community, ensuring that health services are more responsive, equitable, and accountable to the public.

45. (C) To bring the Total Fertility Rate (TFR) to replacement level by 2010.
The medium term goal of the National Population Policy of 2000 was to reduce the total fertility rate to the replacement level of two point one children per woman by 2010. This target was seen as an essential step toward achieving long term population stabilization. By focusing on reproductive health services and education, the policy aimed to empower individuals to make informed choices about family size and timing.

46. (A) Both A and R are true and R is the correct explanation of A.
High out of pocket expenditure is a leading cause of financial ruin and poverty for many Indian families. This situation occurs because a large part of the population lacks adequate health insurance or access to free public services, forcing them to pay for care at the time of delivery. The resulting financial burden often requires households to exhaust their savings or borrow money, highlighting the urgent need for financial protection.

47. (A) The functioning of hospitals in India.
The Jain Committee was constituted in 1968 to examine the working conditions and overall functioning of hospitals across the country. It focused on identifying the administrative and operational challenges faced by these institutions and suggested measures to improve the quality of patient care. The committee's recommendations were aimed at enhancing the efficiency of hospital management and ensuring that medical facilities were better equipped to meet the needs.

48. (B) The state and central governments to take measures to prevent the spread of dangerous epidemic diseases.
The Epidemic Diseases Act of 1897 is a colonial era legislation that provides the government with extraordinary powers to manage and control outbreaks of dangerous diseases. It allows authorities to impose restrictions on travel, inspect suspected cases, and take necessary actions to prevent the spread of infection. While often criticized for its age, it remains a critical

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legal tool during public health emergencies like the recent global pandemic.

49. (C) 1, 2 and 4
The Bhore Committee proposed a dual strategy for health development, involving both short term and long term programs. It specifically recommended the establishment of primary health units to serve a population of forty thousand and emphasized the integration of preventive and curative services. Furthermore, it suggested creating a major national institute for medical research. These recommendations were intended to build a scientific and comprehensive health system for independent India.

50. (A) Bhore Committee
The principle that the state is responsible for the health of its citizens was a foundational concept introduced by the Bhore Committee. It argued that public health should be a priority for the government and that services should be provided regardless of an individual's ability to pay. This perspective shifted the view of health from a private concern to a public duty, shaping the development of India's welfare state and public health infrastructure.

51. (C) Article 47
Article 47 of the Indian Constitution specifically identifies the improvement of public health as one of the primary duties of the state. It directs the government to raise the level of nutrition and the standard of living of its people. This Directive Principle serves as a guiding light for the formulation of health policies and programs, emphasizing the state's commitment to ensuring a healthy and well nourished population through various interventions.

52. (D) 100
The National Health Policy of 2017 set an ambitious target to reduce the Maternal Mortality Ratio to one hundred per hundred thousand live births by the year 2020. This goal reflects the policy's focus on improving maternal health outcomes and ensuring safe delivery for all women. Achieving this target requires strengthening the public health system, improving access to emergency obstetric care, and increasing the number of institutional births across the country.

53. (C) It provides for advance directives and nominated representatives for patients.
The Mental Healthcare Act of 2017 represents a significant shift toward a rights based approach in mental health. Unlike previous laws, it allows individuals to make advance directives about their future treatment and appoint nominated representatives to protect their interests. This legislation also decriminalizes suicide attempts and mandates the state to provide accessible mental healthcare services, emphasizing the dignity and autonomy of persons living with mental illnesses.

54. (A) Both Statement I and Statement II are true.
The charitable health sector in India is composed of not for profit organizations that provide essential medical services to the public. These entities often operate in remote and underserved regions where both the government and the private for profit sector have a limited presence. By filling these critical gaps, the charitable sector plays a vital role in ensuring that vulnerable and marginalized populations have access to affordable and compassionate healthcare.

55. (D) Bhore Committee
The concept of social physicians was a visionary recommendation of the Bhore Committee, which argued that doctors should be trained to understand the social and environmental determinants of health. These professionals were expected to lead health teams and focus on both preventive and curative medicine within the community. This idea emphasized the role of the medical professional as a social servant who works to improve the overall well being of the population.

56. (A) Achieve a stable population by 2045.
The long term objective of the National Population Policy of 2000 is to achieve a stable population by the year 2045. This goal is intended to be consistent with the requirements of sustainable economic growth and social development. Achieving population stabilization requires a sustained focus on improving health infrastructure, meeting the demand for family planning, and enhancing the overall quality of life for all citizens through various social and health interventions.

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57. (A) 2, 4, 1, 3
The rural public health infrastructure in India is organized in a hierarchical manner starting from the Sub-centre at the village level. Primary Health Centres serve as the next level of care, followed by Community Health Centres which act as referral units for several primary centres. The District Hospital sits at the top of this hierarchy within a district, providing more advanced medical services and serving as a major center for secondary care.

58. (A) The Jan Swasthya Abhiyan (JSA) or People's Health Movement.
The Jan Swasthya Abhiyan is a prominent example of a social movement in health that advocates for the right to healthcare and social accountability. It is a network of civil society organizations and activists that monitors the implementation of health programs and campaigns for equitable access to medicines and services. By mobilizing communities and influencing policy debates, the movement seeks to ensure that health remains a priority for the state and the public.

59. (D) Review the progress made since the Bhore Committee's report and make further recommendations.
The Mudaliar Committee was established in 1959 to evaluate the progress of health services following the recommendations of the Bhore Committee and the first two Five Year Plans. It was tasked with reviewing the health situation and providing a blueprint for future health planning. The committee's report emphasized the need for strengthening district hospitals and improving the quality of medical education, laying the groundwork for subsequent developments in the national healthcare system.

60. (C) 1, 2 and 4
Public Private Partnerships aim to integrate the private sector's efficiency with the public sector's social goals to improve healthcare delivery. Common models include contracting out diagnostic or sanitation services to private entities within public hospitals. These partnerships can help bridge resource gaps and expand infrastructure. However, they are not always universally successful and often face significant challenges related to regulation, accountability, and ensuring that services remain affordable and accessible for the poor.

61. (C) To bring AYUSH educational and practice standards at par with the allopathic system.
A primary goal of the 2002 policy on traditional medicine is to elevate the educational and practice standards of AYUSH systems to be comparable with modern medicine. This involves improving the quality of medical education, ensuring the scientific validation of treatments, and enforcing strict quality control for drugs. By standardizing these systems, the policy aims to increase their credibility and ensure that patients receive safe and effective care across all systems of medicine.

62. (A) Both A and R are true and R is the correct explanation of A.
The National Health Policy of 2002 recognized the extensive presence of the private sector in India's healthcare system. It emphasized the need to regulate this sector effectively while also exploring opportunities for public private partnerships. By acknowledging the private sector's potential to complement public efforts, the policy aimed to expand healthcare access and improve service quality. This strategic approach sought to leverage the strengths of both sectors to achieve better national health outcomes.

63. (A) The declining child sex ratio due to female foeticide.
The PCPNDT Act was enacted in 1994 to combat the alarming decline in the child sex ratio caused by the misuse of prenatal diagnostic technologies for sex selection. The act prohibits the use of these techniques to determine the sex of a fetus and imposes strict regulations on clinics and laboratories. By preventing female foeticide, the legislation aims to protect the rights of the girl child and ensure a more balanced and equitable society.

64. (B) Srivastava Committee
The Srivastava Committee, established in 1975, recommended the Re-orientation of Medical Education scheme to make medical training more relevant to rural health needs. This initiative aimed to involve medical colleges in the delivery of primary healthcare by linking them to local health centers. By exposing students to the challenges of rural medicine, the scheme sought

to produce doctors who were better equipped and more willing to serve in underserved areas across the country.

65. (B) P-3, Q-1, R-4, S-2
India's healthcare system operates within a federal structure where power is divided between the center and the states. Social security mechanisms provide financial protection against medical risks, while civil society organizations represent the people's will and advocate for health rights. Public Private Partnerships involve collaboration between government and private entities to deliver services. Together, these different components and models shape the governance, financing, and delivery of healthcare across the diverse and complex national landscape.

66. (A) It prioritized tertiary care and super-specialty hospitals over primary healthcare.
The National Health Policy of 1983 was groundbreaking because it prioritized primary healthcare over specialized tertiary care. This shift was a direct response to the global goal of Health for All and emphasized the importance of making health services accessible to the rural population. The policy advocated for a decentralized health system and the integration of preventive and curative services, laying the foundation for the expansion of India's network of primary health centers.

67. (C) Providing maternal and child health services, immunization, and health education.
Sub-centres are the most peripheral facilities in the public health system, primarily responsible for providing essential maternal and child health services. They focus on immunization, family planning, and health education at the village level. These centers serve as the first point of contact between the community and the healthcare system, ensuring that basic services are accessible to rural populations and facilitating referrals to higher level facilities like primary health centers when necessary.

68. (D) Planning Commission of India
The High Level Expert Group on Universal Health Coverage was constituted by the Planning Commission in 2010. Its mandate was to develop a framework for achieving universal health coverage in India. The group's report provided a comprehensive set of recommendations on health financing, infrastructure, and human resources. This expert guidance has significantly influenced subsequent health policies and programs, emphasizing the need for increased public investment and the protection of citizens from health related financial risks.

69. (A) 1 and 2
The Central Government Health Scheme and the Employees State Insurance Scheme are key social security mechanisms in India. The first provides medical care to central government employees and their families, while the second is a contributory scheme for industrial workers. Both are examples of publicly managed social health insurance rather than private voluntary insurance. They are funded through contributions from employers and employees, rather than being entirely dependent on out of pocket payments at the time of service.

70. (B) Article 15(3)
Article 15 of the Indian Constitution prohibits discrimination, but clause three specifically empowers the state to make special provisions for women and children. This constitutional provision allows for the enactment of laws like the Maternity Benefit Act, which protects the health and employment of women during pregnancy. It reflects the state's commitment to social justice and the protection of vulnerable groups, ensuring they receive the necessary support to maintain their health and well being.

71. (D) Multipurpose Health Workers (MPW) and Health Assistants
The Kartar Singh Committee's landmark recommendation in 1973 led to the creation of the multipurpose health worker cadre. This initiative aimed to integrate various vertical health programs by training workers to deliver a wide range of services, including family planning and immunization. The committee also suggested creating a supervisory tier of health assistants. This structural change was intended to improve the efficiency and reach of healthcare services at the community level in rural India.

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72. (A) High prevalence of out-of-pocket expenditure (OOPE)
Out of pocket expenditure is the most significant financial barrier to healthcare access for most Indians. Because a large portion of the population lacks health insurance, they must pay for medical services and medicines directly from their own savings. This often leads to delayed treatment or financial ruin for families. Reducing this burden through increased public spending and financial protection schemes is a critical priority for achieving equitable health outcomes across the entire country.

73. (A) Both A and R are true and R is the correct explanation of A.
The Transplantation of Human Organs Act was passed in 1994 to provide a legal framework for organ donation and transplantation in India. Its primary goal was to regulate medical procedures and ensure that organ removal is conducted ethically. By prohibiting the commercial sale of organs, the act sought to prevent trafficking and protect vulnerable individuals from exploitation. This legislation remains essential for maintaining public trust and ensuring the ethical practice of organ transplantation in the country.

74. (A) Kartar Singh Committee
The Kartar Singh Committee strongly advocated for the transition from unipurpose to multipurpose health workers to improve service delivery. It argued that having multiple workers visit the same family for different programs was inefficient and confusing for the community. By training workers to provide integrated services, the committee sought to ensure that healthcare was more holistic and accessible. This recommendation significantly influenced the organization of rural health services and the implementation of national health programs.

75. (B) 2, 3 and 5
The National Health Policy of 2017 sets specific targets for eliminating several diseases and reducing child mortality rates. It also emphasizes the importance of mental health by advocating for the decriminalization of suicide and improving access to care. While it seeks to increase public health spending, the target is two point five percent of GDP, not five percent. Furthermore, the policy supports public private partnerships rather than rejecting them, acknowledging the private sector's role in achieving health goals.

76. (B) National Health Policy, 1983
The goal of Health for All by the year 2000 was the central theme of India's first National Health Policy in 1983. This commitment was inspired by the international Alma-Ata Declaration and focused on building a comprehensive primary healthcare system. The policy emphasized the importance of social justice and equity in health, aiming to provide basic services to the entire population through a network of rural health facilities and community participation in health planning.

77. (C) Super-Specialty Corporate Hospital
India's public health infrastructure in rural areas is organized into a three tier system consisting of Sub-centres, Primary Health Centres, and Community Health Centres. These facilities provide varying levels of care, from basic services to specialized treatment. Super specialty corporate hospitals are typically private for profit institutions located in urban areas. While they offer advanced medical care, they are not a formal part of the public health infrastructure designed to serve the rural population at the grassroots level.

78. (D) Addressing the imbalances in health manpower availability and distribution.
The Bajaj Committee was established in 1986 to address the critical issue of health manpower planning. It focused on identifying gaps in the availability of various categories of healthcare professionals and recommended measures to ensure their equitable distribution across the country. The committee's work highlighted the need for better management and production of health personnel to meet the growing needs of the population and improve the overall efficiency of the healthcare delivery system.

79. (A) 2, 4, 3, 1
The chronological order of these events begins with the Bhore Committee report in 1946, which provided the first blueprint for India's health system. This was followed by the Mudaliar Committee report in 1962. The global Alma-Ata Declaration on Primary Health Care occurred in 1978, influencing health strategies worldwide.

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Finally, the National Health Policy of 2002 was enacted to address contemporary health challenges and promote partnerships between the public and private sectors in healthcare delivery.

80. (B) Land reforms and ensuring a minimum wage to improve purchasing power.
The National Nutrition Policy of 1993 includes indirect strategies that address the socio economic determinants of malnutrition. By implementing land reforms and ensuring a minimum wage, the policy aims to improve the purchasing power of poor families, allowing them to afford a better diet. These broad interventions complement direct nutritional supplements and target the underlying causes of food insecurity and poor health outcomes, leading to more sustainable improvements in the population's nutritional status.

81. (B) The Food Safety and Standards Act, 2006
The Food Safety and Standards Act was passed in 2006 to consolidate various food related laws and establish a unified regulatory framework. It led to the creation of the Food Safety and Standards Authority of India, which is responsible for setting science based standards for food products. By regulating the entire food chain from manufacture to sale, the act aims to ensure that all food consumed in the country is safe, wholesome, and free from adulteration.

82. (A) Both Statement I and Statement II are true.
The National Health Policy of 2017 aims to transform India's healthcare system by moving away from a fragmented approach to one that is integrated and comprehensive. A central goal of this policy is to achieve universal health coverage, ensuring that every citizen has access to high quality health services without suffering financial hardship. By focusing on both primary care and financial protection, the policy seeks to build a more equitable and efficient health system for all.

83. (C) Kartar Singh Committee
The recommendation to create a cadre of health assistants was given by the Kartar Singh Committee in 1973. These assistants were intended to serve as a supervisory layer between the medical officer at the primary health center and the multipurpose workers in the field. This structure was designed to improve the oversight and coordination of health services at the grassroots level, ensuring that various national health programs were implemented effectively and reaching the rural population.

84. (D) Prevention of food adulteration and control of drug standards.
In India's federal structure, the central government is responsible for matters of national importance, including the regulation of drug standards and the prevention of food adulteration. These functions are critical for maintaining a uniform quality of health products across the country. While state governments manage the daily operation of hospitals and health centers, the center provides the regulatory framework and oversight necessary to protect public health from risks associated with unsafe medicines and food products.

85. (B) P-3, Q-4, R-2, S-1
Several committees have shaped India's health system through their specific focus areas. The Jungalwalla Committee worked on integrating health services, while the Chadaha Committee focused on malaria eradication activities. The Srivastava Committee provided a blueprint for medical education and support manpower, and the Bajaj Committee addressed health manpower planning and management. Each of these expert groups contributed essential recommendations that have guided the evolution of health policy and service delivery in the country.

86. (B) High costs imposed by pharmaceutical patents and market monopolies.
Social movements demanding affordable medicines primarily target the high prices resulting from patent protections and market monopolies held by pharmaceutical companies. These movements argue that life saving drugs should be accessible to all and that intellectual property rights should not override the fundamental right to health. By campaigning for the use of generic medicines and price controls, these activists seek to reduce the financial burden on patients and ensure more equitable access to essential treatments.

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87. (D) Ensuring equity, affordability, and accountability from the private partner.
One of the greatest challenges for public private partnerships in the health sector is ensuring that the private partner remains accountable and that services remain affordable and equitable. While these partnerships can bring efficiency and resources, there is often a risk that profit motives may conflict with public health goals. Effective regulation and clear contractual agreements are necessary to protect the interests of the public and ensure that the partnership successfully expands access to quality care for all citizens.

88. (A) 28
The National Health Policy of 2017 set a target to reduce the infant mortality rate to twenty eight per thousand live births by the year 2019. This goal reflects the policy's emphasis on improving neonatal and child health services through better primary care and institutional support. Achieving such reductions is critical for improving the country's overall health indicators and ensuring that more children survive and thrive, contributing to a healthier future for the entire nation.

89. (B) 1 and 3
The Bhore Committee introduced the concept of social physicians and recommended specialized training for doctors in social and preventive medicine. Later, the Srivastava Committee advocated for the creation of community level para professional health workers to strengthen the link between rural populations and the healthcare system. While the Mudaliar Committee did find challenges, it was not solely focused on dissatisfaction. These various recommendations have been instrumental in shaping the structure and philosophy of public health in India.

90. (C) A is true but R is false.
The Indian Constitution places public health in the State List, meaning states have the primary responsibility for health services. However, the central government still plays a significant role by formulating national policies, providing funding through various schemes, and coordinating inter state health matters. The center and states often work together on national health missions and disease control programs, demonstrating that health governance in India is a collaborative effort rather than the sole responsibility of one level.

91. (D) Households' out-of-pocket payments
The largest portion of health financing in India comes from households' direct out of pocket payments at the time of receiving care. This high level of private spending indicates that public funding and insurance coverage are still insufficient to protect the population from medical expenses. Such heavy reliance on personal savings and borrowing for healthcare can lead to financial distress and poverty, making it a major challenge for the government to achieve universal and equitable health coverage.

92. (B) Bhore Committee
The Bhore Committee envisioned the Primary Health Centre as the fundamental unit for delivering comprehensive healthcare in rural India. Its report recommended a network of these centers to provide integrated preventive and curative services close to people's homes. This model became the cornerstone of India's public health infrastructure and guided the expansion of medical facilities in subsequent decades. The committee's vision emphasized that a strong primary care system is essential for improving the overall health status.

93. (C) Out-of-pocket expenditure for delivery and infant care.
The Janani Shishu Suraksha Karyakram is a government initiative designed to eliminate out of pocket expenditure for pregnant women and sick infants. It provides for free deliveries, medicines, diagnostics, and transport to and from health facilities. By removing financial barriers, the scheme aims to encourage institutional births and improve maternal and child health outcomes. This program is a critical component of the state's effort to ensure that healthcare is accessible to everyone regardless of their economic status.

94. (D) The establishment of a National Health Authority to regulate all health services.
The National Health Policy of 2017 focuses on addressing non communicable diseases, achieving fertility targets, and mainstreaming AYUSH systems. It seeks to strengthen the existing public health system and achieve universal health coverage through strategic

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partnerships and increased public spending. While it proposes various regulatory reforms, it did not specifically establish a single National Health Authority to regulate all health services. Regulatory functions in India remain distributed across various bodies like the National Medical Commission and state level authorities.

95. (A) 4, 3, 1, 2
The correct chronological order starts with the National Commission on Macroeconomics and Health in 2004, followed by the launch of the National Rural Health Mission in 2005. The High Level Expert Group on Universal Health Coverage submitted its report in 2011. Finally, the latest National Health Policy was announced in 2017. These events mark significant milestones in India's efforts to reform its health system and provide better healthcare services to its growing and diverse population.

96. (B) Central government employees, pensioners, and their dependents.
The Central Government Health Scheme provides comprehensive medical care specifically for current and former central government employees and their families. It offers a wide range of services, including outpatient care, hospitalization, and medicines through a network of dispensaries and empanelled private hospitals. This scheme is an important social security mechanism that ensures a high standard of medical care for a specific category of public servants, reflecting the state's responsibility as an employer.

97. (B) The Mental Healthcare Act, 2017
The decriminalization of attempted suicide is a historic provision within the Mental Healthcare Act of 2017. The law presumes that any person who attempts suicide is under severe stress and should be provided with support and care rather than being punished. This shift from a criminal justice approach to a public health approach recognizes the complexity of mental health issues and aims to reduce the stigma associated with suicide, encouraging people to seek help.

98. (A) Both Statement I and Statement II are true.
India's private health sector has historically faced challenges due to a lack of comprehensive regulation, resulting in concerns about the quality and cost of services. The Clinical Establishments Act of 2010 was passed to fill this regulatory void by requiring all healthcare facilities to register and meet minimum standards. While implementation has varied across states, the act provides a legal framework for ensuring that both public and private providers deliver a consistent and acceptable quality of care.

99. (C) Central referral center for the PHCs in the district.
The Mudaliar Committee recommended that the district hospital should be strengthened to serve as the main referral center for all primary health centers within the district. This role is essential for ensuring that patients have access to more advanced medical and surgical services when their needs exceed the capacity of local facilities. By positioning the district hospital as a hub of secondary care, the committee sought to create a more integrated and efficient health service delivery network.

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100. (B) 2 and 4
Civil society organizations play a constructive role in the health sector by facilitating community participation in health planning and monitoring services. They are not always in opposition to the government; instead, they often collaborate to improve program implementation. Through social movements and advocacy, they campaign for health rights and accountability. These organizations are diverse and can be funded by various domestic and international sources, playing a vital role in ensuring that health services are responsive to community needs.

101. (C) National Health Policy, 2002
The National Health Policy of 2002 was the first to significantly emphasize the role of the private sector and public private partnerships in the health system. It recognized the extensive reach of private providers and proposed using partnerships to expand health infrastructure and improve service delivery. This policy shift was driven by the need to leverage private resources and expertise to complement public efforts in achieving national health goals and ensuring broader access to healthcare services.

102. (A) Both A and R are true and R is the correct explanation of A.
The National Population Policy of 2000 adopted a target free approach to family planning, moving away from rigid demographic quotas. This shift was based on the recognition that meeting individual needs for reproductive health and contraception is the most effective way to stabilize population growth. By focusing on quality of care and informed choice, the policy aimed to empower individuals and families, leading to more sustainable and voluntary changes in fertility behavior across the country.

103. (D) Ayurveda, Yoga, Unani, Siddha, and Homeopathy
AYUSH is an acronym representing India's major traditional and alternative systems of medicine: Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy. These systems have a long history in the country and are integrated into the national healthcare delivery network through various policies. The government promotes their practice and research to provide citizens with diverse and culturally relevant options for maintaining health and treating illnesses alongside the modern medical system commonly practiced today.

104. (A) Mental Healthcare Act, 2017
The Mental Healthcare Act of 2017 provides a comprehensive legal framework that protects the rights of persons with mental illness. It includes provisions for advance directives, allowing patients to specify their treatment preferences, and decriminalizes suicide attempts. This rights based legislation emphasizes dignity, autonomy, and access to care, moving away from outdated and coercive practices. It mandates the government to provide mental health services and ensures that patients are treated with respect and fairness within the health system.

105. (P-4, Q-1, R-2, S-3)
India has various health schemes targeting different groups. The Employees State Insurance Scheme serves industrial workers, while the Central Government Health Scheme provides for government employees and pensioners. Ayushman Bharat PM-JAY offers financial protection for secondary and tertiary care to poor and vulnerable families. Finally, the Rashtriya Bal Swasthya Karyakram focuses on early screening and intervention for children. Together, these programs aim to provide comprehensive health coverage and improve outcomes for diverse segments of the population.

106. (A) Bhore Committee
The Bhore Committee's recommendations laid the foundation for the population norms used in India's public health infrastructure. It proposed that a primary health center should serve a population of approximately thirty thousand in plain areas. These norms were designed to ensure that health services were accessible and could be delivered effectively to rural communities. While these standards have been refined over time, the committee's original vision continues to guide the expansion and organization of the national healthcare network.

107. (D) Article 370
Several articles in the Indian Constitution are relevant to health, including Article 21 which guarantees the right to life and Article 47 which makes improving public health a duty of the state. Article 42 also mandates provisions for maternity relief. Article 370, however, was a provision related to the special status of the state of Jammu and Kashmir and had no direct or indirect connection to public health policy or the delivery of healthcare services in the country.

108. (B) Increasing public spending on health to at least 2.5-3% of GDP.
The High Level Expert Group on Universal Health Coverage strongly recommended a significant increase in public health spending to at least two point five to three percent of the national gross domestic product. This investment is seen as essential for building the infrastructure and human resources needed to provide quality healthcare to all citizens. The group emphasized that moving toward universal coverage requires a shift away from high out of pocket expenditure toward a more equitable system.

109. (B) 2 and 4
India's healthcare infrastructure is characterized by a private sector that is heavily concentrated in urban areas and a public sector that serves as a vital safety net. Community Health Centres are designed to provide specialized services such as

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surgery and pediatrics at the block level. While the public sector provides essential services, it does not provide the majority of curative care. Charitable institutions also play a significant role in providing medical services, especially in underserved and rural areas.

110. (D) Provide financial protection against the risk of high medical expenses.
The primary goal of a social security system in health is to protect individuals and families from the financial burden associated with serious illness or injury. These systems, such as health insurance or government funded schemes, aim to ensure that people can access necessary medical care without facing poverty or extreme debt. By pooling risks and providing financial assistance, social security mechanisms contribute to a more equitable and stable society where health is protected regardless of income.

111. (A) The Alma-Ata Declaration on Primary Health Care
India's first National Health Policy in 1983 was a direct response to the international commitment made at the Alma-Ata conference in 1978. This declaration established the goal of Health for All by the year 2000 and emphasized primary healthcare as the most effective and equitable way to achieve this. India adopted this framework to guide its health planning, focusing on the expansion of rural services and the integration of various health programs to improve population health.

112. (C) Statement I is true, but Statement II is false.
Social movements in health often arise when citizens perceive that the state has failed to provide equitable and adequate healthcare services. These movements are diverse and are led by a wide range of actors, including community activists, non governmental organizations, and patients themselves, not just medical professionals. By campaigning for health rights and accountability, these collective efforts seek to influence policy and ensure that the healthcare system is more responsive to the needs of all.

113. (B) Jungalwalla Committee
The Jungalwalla Committee, established in 1967, recommended the creation of a single unified cadre of public health officers to manage all health programs. The committee argued that integrating medical care, public health, and family planning would improve efficiency and coordination. By establishing a common service with uniform conditions, it sought to eliminate the fragmentation caused by separate administrative structures. This integrated approach was intended to provide more holistic and effective healthcare services across the entire national health system.

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114. (A) Both A and R are true and R is the correct explanation of A.
The National Health Policy of 2017 recognizes the transformative potential of digital technology in healthcare. It proposes the establishment of a National Digital Health Authority to regulate and promote the use of digital tools like electronic health records and telemedicine. By building a robust digital infrastructure, the policy aims to improve the quality, efficiency, and accessibility of health services. This technological focus is seen as essential for modernizing the health system and achieving universal health coverage.

115. (C) Community Health Centre
In the public health infrastructure of rural India, a Community Health Centre is designed to cover a population of approximately one lakh twenty thousand in plain areas. These centers act as the first referral units and are equipped with thirty beds and specialized medical staff, including surgeons and pediatricians. By providing more advanced care at the block level, these centers bridge the gap between primary health centers and larger district hospitals, ensuring that specialized services are more accessible.

116. (D) Policy on Indian Systems of Medicine and Homeopathy, 2002.
The 2002 policy on traditional medicine explicitly states its objective as promoting good health and improving quality of life through the use of AYUSH systems. It focuses on maintaining high standards of education and practice, ensuring drug quality, and promoting research. By mainstreaming these traditional systems, the policy aims to provide patients with more options and build a more diverse and culturally relevant healthcare system that contributes to the overall well being of the entire Indian population.

117. (A) 1, 2, 3, and 4
India has several key health legislations that regulate different aspects of the healthcare system. The Drugs and Cosmetics Act and the PCPNDT Act address medical safety and ethical issues like sex selection. The Mental Healthcare Act provides a modern framework for protecting the rights of patients, and the Epidemic Diseases Act gives the government powers to manage outbreaks. While the Food Safety Act is comprehensive, it regulates all food consumed in the country, not just imported items.

118. (B) National Population Policy
The concept of the demographic dividend is central to the goals of the National Population Policy. This term refers to the economic growth potential that can result from shifts in a population's age structure, particularly when the working age population is larger than the dependent population. By focusing on health, education, and family planning, the policy aims to stabilize the population while ensuring that the country can benefit from this unique and time bound economic opportunity for development.

119. (D) Bhore Committee focused on planning for post-independence India, while Mudaliar Committee assessed the progress made after independence.
The Bhore Committee was established before independence to provide a comprehensive plan for India's future health system. In contrast, the Mudaliar Committee was formed over a decade later to review the progress that had been made during the first two Five Year Plans. While both committees emphasized the importance of integrated services and primary healthcare, their perspectives were different based on their historical context, with the Mudaliar Committee focusing on evaluating and refining the existing health infrastructure.

120. (A) A mission hospital run by a religious trust on a not-for-profit basis.
The charitable or voluntary health sector in India consists of organizations that provide medical care on a not for profit basis. Mission hospitals run by religious trusts are classic examples of this sector. These institutions often serve remote and marginalized communities where other providers are not available. By operating without a profit motive, they contribute to the social goal of ensuring that healthcare is accessible to the poor, often relying on donations and grants to sustain their essential work.

121. (C) 70 years
The National Health Policy of 2017 set an important goal to increase life expectancy at birth in India to seventy years by the year 2025. This target reflects the policy's broader objective of improving overall health outcomes and reducing the burden of disease. Achieving this requires a sustained focus on improving primary healthcare, addressing non communicable diseases, and enhancing the overall quality of life through various social and economic interventions that contribute to a longer and healthier life.

122. (A) P-4, Q-2, R-1, S-3
Several constitutional provisions provide the legal foundation for health in India. Article 21 has been interpreted to include the right to health, while Article 39 ensures that the health of workers is protected. Article 42 mandates maternity relief, and Article 47 makes it a duty of the state to improve public health and nutrition. Together, these articles reflect the state's comprehensive responsibility to ensure the physical and mental well being of all its citizens through various laws and policies.

123. (D) Multipurpose worker for family planning and malaria surveillance
The Chadaha Committee proposed the role of the basic health worker to carry out integrated activities at the local level, specifically focusing on malaria vigilance and family planning. This multipurpose approach was intended to make the most efficient use of resources and ensure that workers could address several health needs during their visits to households. This concept was an early attempt to integrate vertical programs and laid the groundwork for the more formal multipurpose worker scheme that was later implemented.

124. (B) Reducing out-of-pocket expenditure.
The practice of informal or under the table payments in public health facilities directly undermines the goal of reducing out of pocket expenditure for patients. These unauthorized charges create a financial barrier for poor

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individuals and can lead to delayed treatment or financial distress. Ensuring that public services are truly free at the point of delivery is essential for achieving equitable access to healthcare and protecting vulnerable populations from the risk of falling into poverty due to medical costs.

125. (A) Both Statement I and Statement II are true.
India's federal system involves a clear division of legislative powers between the central and state governments. The Constitution allocates subjects of national concern, such as defense, to the Union List, while matters like public health are placed in the State List. This structure means that while the center can provide guidance and funding, states have the primary responsibility for the administration and delivery of healthcare services, resulting in a system that is decentralized and responsive to local needs.

126. (D) Health and Medical Education Commission
The Bajaj Committee on Health Manpower, established in 1986, recommended the creation of a Health and Medical Education Commission. The purpose of this body was to oversee and coordinate health manpower planning and medical education across the country. The committee emphasized the need for a more systematic approach to producing and managing healthcare professionals to ensure that their distribution and training were aligned with the actual health needs of the population and the medical system.

127. (A) Improving girls' education.
Direct nutrition interventions focus on specific actions like food fortification and the provision of supplements to immediately improve health. Improving girls' education is an important indirect strategy that addresses the long term determinants of nutrition by empowering women and enhancing their knowledge about health and diet. While both are critical, the National Nutrition Policy distinguishes between immediate medical or dietary actions and broader social interventions that contribute to a better nutritional status over a longer period of time.

128. (B) 2 and 3
The Employees State Insurance Scheme is a vital social security program for workers in the organized sector. It is a contributory scheme where both employers and employees pay into a fund that provides medical care and cash benefits for wage loss due to illness or injury. Unlike universal health programs, it is limited to specific categories of workers. It is managed by a dedicated corporation under the central government rather than being directly run by individual state health departments.

129. (B) All people have access to the health services they need, when and where they need them, without financial hardship.
Universal health coverage is a key goal of the National Health Policy of 2017, meaning that all individuals should be able to access quality health services without suffering financial distress. This concept encompasses the full range of essential services, from health promotion to treatment and palliative care. Achieving this requires a strong and efficient healthcare system, equitable access to medicines, and effective financial protection mechanisms that ensure no one is pushed into poverty by the cost of medical care.

130. (A) Both A and R are true and R is the correct explanation of A.
Civil society organizations act as watchdogs by monitoring government performance and highlighting gaps in the delivery of health services. Their role is essential for ensuring transparency and accountability within the healthcare system. By advocating for policy changes and representing the interests of the community, these organizations provide a necessary check on the state's functioning. Their work helps to ensure that health programs are implemented effectively and that the rights of citizens are protected and respected by the government.

131. (C) Integration of health services, from the peripheral level to the top.
The Jungalwalla Committee's report, submitted in 1967, focused on the integration of health services across all levels of the system. It argued that medical care and public health should be combined into a single unified service to improve efficiency and coordination. The committee also recommended eliminating private practice for government doctors to ensure their full commitment to public service. This integrated approach was intended to provide a more

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comprehensive and cohesive healthcare delivery system for the entire country.

132. (D) 2005
The National Health Policy of 2002 set a specific goal to eradicate Polio and Yaws from the country by the year 2005. This target reflected the government's commitment to eliminating major communicable diseases through intensified vaccination and control programs. Achieving these goals required a high level of coordination between different levels of the health system and sustained efforts to reach every child and community. These elimination efforts are critical for improving public health and reducing the national burden of disease.

133. (C) Bhore Committee recommendations and subsequent Five-Year Plans.
The three tier health infrastructure in rural India, consisting of Sub-centres, PHCs, and CHCs, was developed based on the foundational vision of the Bhore Committee. This structure was implemented and expanded through various Five Year Plans to ensure that basic and specialized services were accessible to the rural population. This decentralized model remains the core of India's public health delivery system, aiming to provide a continuum of care from the village level to more advanced referral facilities.

134. (B) A state government contracting a private company to manage dialysis services in a district hospital.
A classic example of a public private partnership in health is when the government contracts a private entity to provide specific medical services, like dialysis, within a public hospital. In this model, the state provides the infrastructure and financing, while the private partner brings in specialized equipment and expertise. This collaboration allows the public system to offer more advanced services quickly and efficiently, expanding the range of care available to patients while leveraging the strengths of the private sector.

135. (A) 1, 2, 3 and 4
The National Health Policy of 2017 is built on principles of equity, affordability, and patient centeredness. It emphasizes professionalism, ethics, and accountability within the healthcare system, as well as a pluralistic approach that recognizes different systems of medicine. The policy does not promote centralized decision making; instead, it advocates for decentralization and community participation to ensure that health services are responsive to local needs and accessible to all segments of society across the diverse and large country.

136. (A) It advocates for coercive measures and disincentives for large families.
The National Population Policy of 2000 is notable for its rejection of coercive measures and its focus on a voluntary, rights based approach to family planning. It aims to achieve population stabilization by improving health services, empowering women, and ensuring access to education. The policy's long term goals and its emphasis on free and mandatory school education are designed to create a supportive environment where individuals can make informed choices about family size without the fear of punishment or disincentives.

137. (C) The National Medical Commission (NMC)
The National Medical Commission is the primary body responsible for regulating medical education and the conduct of medical professionals in India. It sets the standards for medical curriculum, grants recognition to medical colleges, and maintains a registry of qualified doctors. By ensuring the quality of medical training, the commission plays a critical role in maintaining the standard of healthcare services and protecting public health from unqualified practitioners and unethical behavior within the medical profession.

138. (A) Medical Research
The Sokhey Committee was a specialized subcommittee of the Bhore Committee that focused specifically on the area of medical research. It recognized the importance of scientific investigation in addressing the health challenges of the country and recommended the establishment of research institutes and better training for researchers. The committee's work emphasized that a strong national health system must be supported by a robust and innovative research infrastructure to provide the evidence and tools needed for effective public health interventions.

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139. (B) P-4, Q-3, R-2, S-1
Several committees have significantly influenced the development of India's health services. The Bhore Committee introduced the concept of comprehensive healthcare and PHCs, while the Jungalwalla Committee focused on the integration of services. The Kartar Singh Committee recommended the multipurpose worker scheme, and the Srivastava Committee addressed medical education and support manpower. Each of these groups provided essential guidance that has shaped the organization and delivery of healthcare services in India from the village level to specialized medical training.

140. (B) Low public spending on health and gaps in public service delivery.
High out of pocket expenditure in India is primarily a result of low public investment in health and existing gaps in government service delivery. When public facilities lack necessary medicines or equipment, or when services are not easily accessible, citizens are forced to seek care from private providers and pay for it directly. This situation highlights the importance of increasing public funding and improving the efficiency of the public health system to provide affordable and quality care for all.

141. (C) Centre-State coordination and cooperation.
Because of India's federal structure, the successful implementation of national health programs requires close coordination and cooperation between the central and state governments. While the center provides the policy framework and much of the funding, states are responsible for the actual delivery of services. Effective partnership is essential for ensuring that programs are adapted to local contexts and that national health goals are achieved consistently across different regions, despite variations in resources and administrative capacity.

142. (D) Empower patients and ensure they are treated with dignity and receive quality care.
Patient rights advocacy groups, which are a part of civil society, work to protect the interests of individuals within the healthcare system. They campaign for transparency, informed consent, and the right to dignified treatment. By empowering patients with knowledge about their rights and providing a voice for their concerns, these groups help to ensure that healthcare providers are accountable and that the quality of care is maintained. Their work is essential for building a more patient centered and ethical health system.

143. (A) Both Statement I and Statement II are true.
The National Health Policy of 2017 is aligned with global efforts to end the AIDS epidemic by 2030. It specifically adopted the ninety ninety ninety target, which aims to ensure that ninety percent of people living with HIV know their status, ninety percent of those diagnosed receive antiretroviral therapy, and ninety percent of those on treatment achieve viral suppression by the year 2020. These ambitious goals reflect the government's commitment to providing comprehensive care and reducing the spread of HIV.

144. (B) 10,000 - 20,000 population
The Bhore Committee's visionary long term plan for health development proposed a network of health units, each equipped with a seventy five bedded hospital to serve a population of ten thousand to twenty thousand. This ambitious model was intended to ensure that advanced medical care was highly accessible to all citizens. While this specific level of infrastructure was not fully realized across the entire country, it provided a high standard for health planning and influenced the subsequent expansion of medical services in India.

145. (B) 1, 3 and 4
India's private health sector is a dominant force, providing a large portion of both outpatient and inpatient care. It is primarily concentrated in urban areas and operates on a fee for service model, which means that access is often limited to those who can afford it. While this sector offers many high quality services, it is not consistently regulated across the country, leading to variations in standards and costs. This combination of factors presents challenges for achieving equitable and affordable healthcare.

146. (A) Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)
The Pradhan Mantri Jeevan Jyoti Bima Yojana is a life insurance scheme that provides a payout in the event of the death of the policyholder. Unlike

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health focused social security schemes like the Employees State Insurance Scheme or Ayushman Bharat PM-JAY, it does not provide medical care or reimbursement for health expenses. While it offers important financial protection to families, it is not categorized as a health insurance or health social security mechanism within the national healthcare system.

147. (A) Both A and R are true and R is the correct explanation of A.
The Supreme Court of India has given a broad and expansive interpretation to the right to life guaranteed under Article 21. It has consistently held that this right is not merely about physical survival but includes the right to live with human dignity. This dignity encompasses access to essential services like healthcare, a clean environment, and a livelihood. This judicial perspective has made the right to health an integral, though not explicitly listed, part of the fundamental rights of every Indian citizen.

148. (D) Eradicate all forms of malnutrition and improve the nutritional status of the population.
The primary goal of the National Nutrition Policy of 1993 is to eliminate malnutrition and ensure a healthy nutritional status for the entire population. It adopts a multi sectoral approach that includes both direct health interventions and indirect strategies like improving food security and education. By focusing on the most vulnerable groups, such as children and pregnant women, the policy aims to reduce the national burden of disease and contribute to the overall social and economic development of the country.

149. (C) Srivastava Committee
The Srivastava Committee, established in 1975, recommended the creation of a cadre of community level health workers to serve as a bridge between the community and the formal health system. This idea was based on the principle that local people can play a vital role in health promotion and basic care. This recommendation eventually led to the development of the ASHA worker program, which has become a cornerstone of India's rural health services and community participation in healthcare delivery.

150. (B) The Clinical Establishments (Registration and Regulation) Act, 2010
The Clinical Establishments Act of 2010 mandates that all registered medical facilities must provide necessary care to victims of accidents and other emergencies, regardless of their economic status. This provision is designed to ensure that life saving treatment is not delayed due to financial concerns, protecting the fundamental right to life. By setting these requirements, the act aims to make the healthcare system more responsive to emergencies and ensure that patients receive immediate and appropriate care during critical times.

151. (D) 1983
India's first National Health Policy was announced in 1983, marking a significant milestone in the country's health planning. It was formulated in the context of the global Health for All movement and emphasized the expansion of primary healthcare services. The policy aimed to build a comprehensive network of rural health facilities and promote community involvement in health programs. It provided the first formal framework for integrating various health services and addressing the diverse health needs of the Indian population.

152. (A) Collective, organized efforts by ordinary people to challenge and change health policies and power structures.
Social movements in health are collective actions by citizens and groups aimed at influencing the healthcare system and demanding better services and rights. These movements often focus on issues like health equity, access to affordable medicines, and accountability of providers. By organizing and advocating for change, these ordinary people seek to challenge existing power structures and ensure that health policies are more responsive to the needs of all segments of society, especially the marginalized and underserved.

153. (A) Both Statement I and Statement II are true.
The 2002 policy on traditional medicine emphasizes the importance of quality control for AYUSH drugs to ensure their safety and efficacy. It proposed strengthening the regulatory framework and improving enforcement mechanisms to maintain high standards for these products. By ensuring that traditional medicines

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meet scientific and quality requirements, the policy aims to increase their acceptance and credibility both domestically and internationally, providing patients with safe and effective treatment options within a diverse and holistic healthcare system.

154. (A) Families are forced to use their savings, sell assets, or borrow money to pay for treatment.
Catastrophic health expenditure occurs when the cost of medical care is so high that it forces a household to sacrifice other basic needs or fall into debt. In India, many families must exhaust their savings, sell valuable assets, or take high interest loans to pay for hospitalization and medicines. This financial burden is a major driver of poverty, highlighting the critical need for comprehensive health insurance and improved public services to provide financial protection for the entire population.

155. (A) 2, 3, 1, 4
The correct chronological sequence of these major policies begins with the first National Health Policy in 1983. This was followed by the National Nutrition Policy in 1993. The National Population Policy was later introduced in the year 2000 to address demographic goals. Finally, the latest National Health Policy was announced in 2017 to provide a modern and comprehensive framework for the healthcare system. Each policy represents a significant step in India's ongoing efforts to improve public health outcomes.

156. (B) 1962
The Health Survey and Planning Committee, chaired by Dr. A.L. Mudaliar, submitted its report to the government in 1962. This committee was tasked with reviewing the progress made since the Bhore Committee's recommendations and planning for the future needs of the health system. Its report provided a detailed analysis of the healthcare landscape at the time and offered important suggestions for strengthening the infrastructure, medical education, and the overall organization of health services in post independence India.

157. (C) To eliminate Tuberculosis by 2025.
The National Health Policy of 2017 set an ambitious goal to eliminate tuberculosis from India by the year 2025. This target is more aggressive than the global goal and reflects the urgent need to address the high burden of the disease in the country. Achieving elimination requires intensified efforts in early diagnosis, effective treatment, and addressing the social determinants of health. It is a major priority that involves both public and private health sectors working together to reach every patient.

158. (D) Seventh Schedule
The Seventh Schedule of the Indian Constitution is the specific section that defines the division of legislative powers between the Union and the States. it organizes subjects into three lists: the Union List, the State List, and the Concurrent List. This constitutional framework is essential for the governance of health in India, as it determines which level of government has the authority to make laws on various aspects of public health, sanitation, and medical services across the country.

159. (A) Integration of medical care, public health, and family planning services at all levels.
The Jungalwalla Committee's primary recommendation in 1967 was the integration of medical care, public health, and family planning services into a single unified health service. The committee argued that this would improve coordination, reduce administrative costs, and provide more comprehensive care to the population. It also advocated for the elimination of private practice by government doctors and the creation of a common cadre for all health personnel, aiming to build a more efficient and professional public health workforce.

160. (B) 2 and 3
In India's health financing structure, out of pocket spending by households remains the dominant source, while contributions from health insurance schemes form a relatively small part of the total expenditure. Public spending by the government is lower than the global average, and external aid represents only a minor fraction of the health budget. This heavy reliance on private, direct payments highlights the need for better financial protection mechanisms and increased public investment to ensure that healthcare is affordable for all.

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161. (B) The National Health Policy (2002)
The National Health Policy of 2002 provided a major policy thrust to the concept of public private partnerships in the health sector. It recognized the significant presence of the private sector and the potential for collaborations to expand infrastructure and improve service delivery. This shift reflected a more pragmatic approach to health planning, aiming to leverage private resources and expertise to complement the government's efforts in achieving national health goals and ensuring broader access to quality care for all.

162. (A) Both A and R are true and R is the correct explanation of A.
India's federal structure presents challenges for creating a uniform health policy because public health is primarily a state subject. While the central government can set guidelines and provide financial support, individual states are responsible for implementation, leading to significant variations in health performance across the country. This division of responsibility requires careful coordination and cooperation between the center and the states to ensure that national health goals are achieved and that quality care is available to all citizens.

163. (C) Referral centre for PHCs, providing specialist care.
The primary role of a Community Health Centre is to serve as a referral center for several primary health centers, providing more advanced and specialized medical care. These centers are equipped with thirty beds and have specialist doctors, such as surgeons and pediatricians, to handle more complex cases at the block level. By providing these services closer to rural communities, CHCs help to reduce the burden on district hospitals and ensure that patients receive appropriate care more quickly.

164. (D) Srivastava Committee
The Group on Medical Education and Support Manpower, established in 1975, is widely known as the Srivastava Committee. It was tasked with reviewing the medical education system and making it more relevant to the country's health needs. One of its most important recommendations was the creation of community level health workers, which eventually led to the development of integrated health services. The committee's work has had a lasting impact on how medical professionals are trained and how healthcare is delivered.

165. (A) P-3, Q-4, R-1, S-2
Different health related acts in India address various regulatory and ethical needs. The Drugs and Cosmetics Act focuses on drug safety, while the organ transplantation act prevents commercial trade. The Clinical Establishments Act sets minimum standards for healthcare facilities, and the Mental Healthcare Act protects the rights of persons with mental illness. Together, these legislations provide a comprehensive legal framework for ensuring that healthcare services are safe, ethical, and of a consistent quality across the diverse national healthcare system.

166. (B) To phase out allopathic medicine in favour of traditional systems.
The Policy on Indian Systems of Medicine and Homeopathy of 2002 aims to promote and integrate AYUSH systems into the national health network, not to phase out allopathic medicine. Its objectives include ensuring quality control, promoting research, and increasing access to quality AYUSH drugs. The policy recognizes the value of a pluralistic health system where both traditional and modern medicines can coexist and provide patients with a wider range of safe and effective treatment options for their health needs.

167. (D) Create a large band of community-level health workers to be the link between the community and the formal health system.
A major recommendation of the Srivastava Committee in 1975 was the creation of a cadre of para professional health workers from within the community. This initiative aimed to bridge the gap between rural populations and the formal health system by providing basic services and health promotion at the local level. These community workers were intended to be the first point of contact, ensuring that even remote areas had access to essential health information and care, leading to better outcomes.

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168. (A) Is a significant cause of poverty and inequity in access to care.
The high level of out of pocket expenditure for healthcare in India is a major concern because it often leads to financial ruin and increased poverty for families. When people have to pay for expensive treatments themselves, those with lower incomes may be forced to delay or forgo necessary care, creating significant inequities in health access. Addressing this issue through better financial protection and increased public funding is essential for ensuring that all citizens can receive quality care without facing economic hardship.

169. (A) 1, 2 and 3
India's three National Health Policies have progressively evolved to address the country's changing health needs. The 1983 policy prioritized primary healthcare, while the 2002 policy acknowledged the role of the private sector and the need for regulation. The 2017 policy introduced Health and Wellness Centres to provide more comprehensive primary care. Each policy has recommended increasing public health spending, aiming for targets like two point five percent of GDP, to improve the overall quality and reach of the national healthcare system.

170. (A) Article 48A
Article 48A of the Indian Constitution is a Directive Principle that directs the state to protect and improve the environment and safeguard forests and wildlife. While it does not mention health directly, a clean and healthy environment is a critical determinant of public health. This article provides the constitutional basis for environmental laws and policies that help to reduce pollution and prevent health issues related to environmental degradation, contributing to the overall well being and physical health of the entire population.

171. (D) Primary Health Centre
The Bhore Committee envisioned the social physician as a medical professional who would lead the health team at the Primary Health Centre. These doctors were expected to be trained in both curative and social medicine, allowing them to understand and address the broader determinants of health within the community. This model emphasized the role of the PHC as the focal point for delivering comprehensive healthcare, where the doctor acts as a social servant and a leader in improving public health.

172. (C) Statement I is false, but Statement II is true.
The Jan Swasthya Abhiyan is not a government health scheme but a vibrant people's health movement composed of civil society organizations and activists. It works to advocate for the right to health and ensures social accountability in the healthcare system. The movement monitors the implementation of public health programs and campaigns for equitable access to services and medicines. Its independent role is vital for representing the voices of citizens and ensuring that health remains a priority for the government and society.

173. (C) National Malaria Eradication Programme
The Chadaha Committee was established in 1963 to review the arrangements needed for the maintenance phase of the National Malaria Eradication Programme. It focused on the vigilance activities required to prevent the resurgence of the disease once it had been largely eradicated. The committee's recommendations led to the deployment of basic health workers who were tasked with integrated health and malaria monitoring activities at the village level, ensuring that the gains made during the eradication phase were sustained over time.

174. (D) Non-Communicable Diseases (NCDs)
The National Health Policy of 2017 set a major target to reduce premature mortality from chronic conditions like cardiovascular diseases, cancer, and diabetes by twenty five percent by the year 2025. These are categorized as non communicable diseases, which represent a growing share of the national disease burden. Achieving this target requires a focus on early screening, lifestyle interventions, and better management of these conditions through the primary healthcare system, especially the newly established Health and Wellness Centres across the country.

175. (B) 1, 2 and 3
India's public health infrastructure is based on a hierarchy of facilities, starting with Sub-centres staffed by health workers at the village level. Primary Health Centres provide initial

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medical care and are led by a medical officer, while Community Health Centres act as referral units with specialized services and thirty beds. While district hospitals are important, they are part of a larger secondary care network. These population based norms were originally outlined by the Bhore Committee and have guided health planning for decades.

176. (B) Kartar Singh Committee
The Kartar Singh Committee recommended the creation of health assistants in 1973 to provide a supervisory layer within the rural health system. These assistants were tasked with overseeing the work of multipurpose health workers and ensuring the effective delivery of integrated health services. This structure was designed to improve the coordination and quality of care at the community level, providing a clear administrative link between the medical officer at the primary health center and the field staff working directly with families.

177. (B) 1948
The Employees State Insurance Act was passed in 1948, creating one of the first and largest social security schemes in India. It was designed to provide medical care and financial protection to industrial workers and their families in the event of sickness, maternity, or injury. This contributory scheme is a landmark in the history of Indian social welfare, reflecting the state's commitment to protecting the health and economic well being of its growing industrial workforce through a comprehensive and integrated insurance model.

178. (A) Patient rights and accountability of medical professionals.
Bringing medical services under the purview of the Consumer Protection Act was a major development for patient rights in India. It provided a legal mechanism for individuals to seek compensation for medical negligence and ensured that healthcare providers are held accountable for the quality of their services. This legal shift has empowered patients and encouraged medical professionals and facilities to maintain higher standards of care, contributing to a more transparent and responsive healthcare system for all citizens.

179. (A) Both A and R are true and R is the correct explanation of A.
The National Health Policy of 2017 is designed to align with the United Nations Sustainable Development Goals, particularly the goal of ensuring good health and well being for all. Many of the targets in the policy, such as reducing maternal and child mortality and achieving universal health coverage, are directly derived from this global framework. By integrating these goals, the policy aims to improve national health outcomes while contributing to international efforts to build a more sustainable and healthy world for everyone.

180. (D) A largely curative-focused, fee-for-service model concentrated in urban areas.
India's private healthcare sector is primarily characterized by a model that focuses on curative care and operates on a fee for service basis. These facilities are mostly concentrated in urban centers, making them less accessible to the rural population. While this sector provides many high quality and specialized services, its focus on profit and lack of uniform regulation can lead to higher costs for patients. This dominance highlights the need for better regulation and strategic partnerships to ensure equitable health access.

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181. (C) The establishment of Universities of Health Sciences in each state.
The Bajaj Committee, established in 1986, recommended the creation of Universities of Health Sciences in every state to improve the coordination and quality of medical education. The committee argued that specialized universities would be better equipped to manage the training of healthcare professionals and ensure that educational standards are aligned with the country's health needs. This recommendation was aimed at creating a more systematic and professional approach to medical and health education across the entire national healthcare system.

182. (B) Primarily driven by a profit maximization motive.
The charitable or voluntary health sector in India is defined by its not for profit nature and its commitment to social service. These organizations, such as mission hospitals and non

197. (C) National Population Policy, 2000
The National Population Policy of 2000 was the first to set a specific goal of reducing the infant mortality rate to below thirty per thousand live births. This target reflected the policy's focus on improving child survival as a key component of population stabilization. Achieving this goal required a multi dimensional approach that included better immunization, maternal care, and nutrition services. This emphasis on health outcomes marked a shift toward a more comprehensive and voluntary approach to managing demographic goals in India.

198. (B) Was the first comprehensive plan for the health development of India.
The Bhore Committee report, submitted in 1946, is a landmark document because it provided the first truly comprehensive blueprint for the development of India's health system. It recommended a network of primary health centers to provide integrated preventive and curative services and argued that the state is responsible for the health of its citizens. The committee's vision has guided health planning for decades, shaping the structure and philosophy of public health in independent India and prioritizing accessible care for all.

199. (D) Public-Private Partnership (PPP)
A partnership between the government and an NGO to run a Primary Health Centre is a classic example of a public private partnership model. In this arrangement, the state provides the funding and infrastructure while the non governmental organization manages the daily operations and service delivery. This collaboration allows the government to leverage the NGO's community expertise and efficiency to improve healthcare access and quality, particularly in underserved areas, while maintaining overall oversight and accountability for the public services provided.

200. (A) Both A and R are true and R is the correct explanation of A.
The National Health Policy of 2017 strongly advocates for strengthening the primary healthcare system through the creation of Health and Wellness Centres. These centers are intended to serve as the foundation of the public health system, providing a comprehensive range of free and universal primary care services close to the community. By shifting the focus to primary care, the policy aims to improve early diagnosis, promote health, and reduce the overall burden on secondary and tertiary hospitals.

201. (C) Mukherjee Committee
The Mukherjee Committee was established in 1966 to review the staffing patterns and organizational needs of the family planning program after it was separated from malaria activities. The committee focused on determining the necessary workforce and administrative structures required to implement family planning services effectively at the peripheral level. Its recommendations were crucial for strengthening the public health infrastructure and ensuring that family planning remained a priority within the broader health service delivery network during a critical period of development.

202. (A) Article 47: Duty of the State to raise the level of nutrition and the standard of living and to improve public health.
Article 47 of the Indian Constitution is a key Directive Principle that explicitly places the duty of improving public health on the state. It directs the government to raise the level of nutrition and the standard of living of its people. This constitutional mandate serves as the guiding principle for health policies and programs, emphasizing the state's responsibility to ensure the physical and mental well being of its citizens through various interventions in health and nutrition.

203. (D) 2.1
Replacement level fertility refers to the total fertility rate at which a population exactly replaces itself from one generation to the next, which is approximately two point one children per woman. Reaching this level is a key goal of the National Population Policy, as it is essential for achieving long term population stabilization. By focusing on reproductive health and voluntary family planning, the policy aims to reach this target, ensuring sustainable social and economic development for the country in the future.

204. (B) It operates with a primary motive of making a profit.
Charitable health organizations are defined by their not for profit nature and their commitment

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campaigns, not just legal challenges. Their work is essential for representing the voices of the people and ensuring that health remains a priority for the state and society.

190. (D) ICSSR-ICMR Joint Panel
The report titled Health for the Millions was produced by a joint panel of the Indian Council of Social Science Research and the Indian Council of Medical Research. This landmark document provided a critical analysis of the health system and offered an alternative strategy for achieving health for all. It emphasized the importance of addressing the social and economic determinants of health and recommended a more community based and equitable approach to health planning and the delivery of healthcare services in India.

191. (A) Regulate medical education and professional conduct.
The National Medical Commission is the primary body responsible for overseeing medical education and ensuring high standards of professional conduct among doctors. It sets the criteria for medical training, grants recognition to medical institutions, and maintains a national registry of qualified practitioners. By regulating these areas, the commission plays a vital role in maintaining the quality of healthcare services and protecting public health from unethical practices and unqualified individuals within the medical profession throughout the entire country.

192. (B) Mudaliar Committee
The Mudaliar Committee, in its 1962 report, emphasized the need for a well organized referral system to ensure a continuum of care for patients. It recommended that district hospitals be strengthened to act as centers for advanced treatment, receiving referrals from primary health centers. This structured approach was intended to ensure that patients could access more specialized medical and surgical services when their needs exceeded the capacity of local facilities, leading to a more efficient and effective national health service.

193. (A) Both Statement I and Statement II are true.
The National Health Policy of 2017 recommends the co-location of AYUSH services alongside allopathic services at all levels of the public health system. This integrated approach aims to provide patients with a choice of treatments and promote a more holistic healthcare delivery model. By making both systems of medicine available in the same facility, the policy seeks to improve access to diverse treatment options and foster cooperation between practitioners of different medical systems to enhance overall patient care.

194. (A) Direct out-of-pocket payments by households.
The largest share of private health expenditure in India comes from direct out of pocket payments made by households at the time of receiving care. This high level of private spending indicates that a significant portion of the population lacks adequate health insurance or access to free public services. Such financial burden can lead to poverty and financial distress for many families, highlighting the urgent need for increased public investment and the expansion of financial protection mechanisms within the healthcare system.

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195. (D) 3 and 4
The Transplantation of Human Organs Act and the PCPNDT Act were primarily enacted to address specific ethical malpractices in the healthcare sector, such as illegal organ trade and sex selection. These laws provide a legal framework for regulating medical procedures and preventing the misuse of technology for unethical purposes. By establishing strict guidelines and penalties, these acts aim to protect the rights of individuals and ensure that medical practices are conducted in a fair, ethical, and socially responsible manner.

196. (D) Prof. K. Srinath Reddy
The High Level Expert Group on Universal Health Coverage was chaired by Prof. K. Srinath Reddy. This group was constituted by the Planning Commission to develop a comprehensive framework for achieving universal health access in India. Their recommendations focused on increasing public health spending, strengthening infrastructure, and ensuring financial protection for all citizens. Prof. Reddy's leadership and the group's detailed report have significantly influenced subsequent health policies and programs, emphasizing the importance of equity and social justice in the health system.

226. (A) A strong focus on both preventive and curative services.
The Bhore Committee's foundational vision of comprehensive healthcare included a strong emphasis on integrating both preventive and curative services. The committee argued that health services should not only focus on treating illness but also on preventing disease and promoting overall well being within the community. This integrated approach was intended to be delivered through a network of primary health centers, ensuring that the population had access to a full range of services that address the complex determinants of health and disease.

227. (C) Affordability and Quality
The existence of a large and largely unregulated private health sector in India poses significant challenges to the principles of affordability and quality in healthcare. Without consistent oversight, there can be wide variations in the standards of care and the costs charged to patients. This situation can make healthcare unaffordable for many and lead to concerns about the effectiveness of treatments. Effective regulation and standardized quality control are essential for ensuring that all citizens can access high quality health services at a reasonable price.

228. (D) ROME scheme recommended by the Srivastava Committee.
The Re-orientation of Medical Education scheme, proposed by the Srivastava Committee, focused on linking medical colleges with the community through primary health centers. This initiative was designed to ensure that medical training was relevant to the health needs of the rural population by providing students with hands on experience in community medicine. By involving future doctors in the delivery of primary care, the scheme aimed to produce medical professionals who were better prepared and more motivated to serve in underserved and rural regions across the country.

229. (D) 1, 2, 3, 4 and 5
Several expert committees have been fundamental in shaping India's health system. The Bhore Committee provided the initial blueprint, and the Mudaliar Committee reviewed subsequent progress. The Kartar Singh Committee introduced multipurpose workers, while the Srivastava Committee addressed medical education. Finally, the Jungalwalla Committee focused on the integration of health services. Each of these committees provided essential recommendations that have guided the evolution of health policy and the structure of medical and public health services in India from the village level to specialized training.

230. (B) 50%
The National Health Policy of 2017 set a quantitative goal to increase the utilization of public health facilities by fifty percent from the existing levels by the year 2025. This target reflects the policy's objective of making public services more accessible and reliable, encouraging more citizens to use them for their healthcare needs. Achieving this increase requires a significant improvement in the quality of care, the availability of medicines, and the overall efficiency of the public health infrastructure across the entire country.

231. (D) Mandatory for a specific group and contributory in nature.
Social health insurance, such as the Employees State Insurance Scheme, is typically mandatory for a specific group of people and is funded through contributions from both employers and employees. This is in contrast to private voluntary health insurance, which is optional and whose premiums are usually based on individual risk. Social insurance models aim to provide broad financial protection and ensure that all members of the specified group have access to necessary medical care, contributing to a more equitable and stable social welfare system.

232. (C) Statement I is true, but Statement II is false.
Article 47 of the Indian Constitution directs the state to improve public health and specifically mentions the prohibition of intoxicating drinks and drugs. While this is a foundational principle for governance, it is a Directive Principle of State Policy and is not a fundamental right that can be enforced in a court of law. These principles serve as guidelines for the government to follow when creating laws and policies to promote the general welfare and ensure the health and well being of all citizens.

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to providing medical services as a form of social welfare. These entities, which include mission hospitals and non governmental groups, are not driven by a profit motive. Instead, they aim to serve the public, particularly the poor and underserved who may not have access to other providers. While they may receive some government support, their primary mission is to contribute to the health and well being of the community.

205. (A) P-3, Q-4, R-1, S-2
The chronological development of India's health system has been shaped by several key reports. The Bhore Committee submitted its foundational report in 1946, followed by the Mudaliar Committee in 1962. The Srivastava Committee provided recommendations on medical education in 1975, and the Bajaj Committee focused on health manpower planning in 1986. Each of these committees contributed essential insights and guidance that have influenced the evolution of health policy and the structure of medical services across the country over several decades.

206. (D) Establishing a comprehensive primary health care system.
The main focus of the National Health Policy of 1983 was on building a comprehensive primary healthcare system that was accessible to all citizens, especially in rural areas. This approach was inspired by the global Health for All goal and aimed to integrate preventive and curative services at the grassroots level. The policy emphasized the importance of social justice and equity, seeking to provide basic medical services through a network of health facilities and active community participation in health planning.

207. (A) Out-of-pocket payments by individuals constitute the largest source of health financing.
In India's healthcare system, direct out of pocket payments by individuals at the time of service remain the largest source of financing. This high level of private spending reflects the limited reach of health insurance and the gaps in free public health services. Such heavy reliance on personal savings and borrowing for medical care can lead to financial distress for many households, highlighting the need for increased public investment and stronger financial protection mechanisms to ensure equitable health access.

208. (B) Expose medical students to rural health problems.
The Re-orientation of Medical Education scheme, proposed by the Srivastava Committee, aimed to make medical training more relevant by involving students in the challenges of rural healthcare. This initiative linked medical colleges to primary health centers, allowing students to experience the reality of medical practice in underserved areas. By providing this exposure, the scheme sought to produce doctors who were better prepared and more willing to serve the rural population, contributing to a more equitable distribution of medical professionals.

209. (C) 1, 2, 3 and 4
India's three tier rural health system is designed to provide a continuum of care starting from the Sub-centre at the village level. Primary Health Centres serve as the first point of contact with a medical officer, while Community Health Centres act as referral units with specialized services and thirty beds. This system is organized based on population norms, such as one PHC for every thirty thousand people in plain areas, ensuring that healthcare is accessible and responsive to the needs of rural communities.

210. (A) Both Parliament and State Legislatures can make laws.
The Concurrent List in the Seventh Schedule of the Indian Constitution includes subjects on which both the Parliament and the State Legislatures have the authority to make laws. This shared jurisdiction is important for matters that have both national and local implications, such as population control and family planning. This constitutional arrangement allows the central government to provide a uniform framework while giving states the flexibility to adapt programs to their specific conditions and needs.

211. (C) The government will act as a financer and purchase health services from public and private providers.
The strategic purchasing model introduced in the National Health Policy of 2017 involves the government acting as a financer that buys healthcare services from both public and private providers. This approach aims to ensure that a comprehensive package of quality services

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governmental groups, are driven by a mission to provide care rather than maximizing profit. They often work in remote and underserved areas, providing essential services to marginalized populations who cannot afford private care. By filling these critical gaps, the charitable sector plays an indispensable role in ensuring a more equitable healthcare system.

183. (C) Statement I is false, but Statement II is true.
The National Population Policy of 2000 was not the first, but it was a landmark policy that adopted a holistic approach to population stabilization. It shifted the focus from demographic targets to broader issues like women's empowerment, child survival, and reproductive health. By recognizing that social development is key to managing population growth, the policy aimed to provide a supportive environment where individuals can make informed choices about their lives and health, leading to more sustainable and voluntary changes in society.

184. (A) Srivastava Committee
Making medical education socially relevant was a central theme of the Srivastava Committee report in 1975. The committee emphasized that medical training should be designed to meet the actual health needs of the Indian people, especially those in rural areas. It recommended changes to the curriculum and the involvement of students in community health to ensure that future doctors were better prepared and more motivated to serve in underserved regions, contributing to a more equitable and responsive health system.

185. (B) P-4, Q-1, R-2, S-3
Various committees and policies have shaped the specific components of India's health system. The Bhore Committee and the 1983 policy emphasized comprehensive primary healthcare, while the Kartar Singh Committee introduced multipurpose workers. The Srivastava Committee focused on medical education and support manpower, and the latest National Health Policy of 2017 introduced Health and Wellness Centres. Together, these milestones mark the evolution of a complex and diverse healthcare network that aims to provide quality care to all citizens across the entire country.

186. (A) Tenth Five Year Plan
The National Health Policy of 2002 was formulated during the period of the Tenth Five Year Plan. This policy was introduced to address new challenges in the health sector, such as the rising burden of non communicable diseases and the need for better regulation of the private sector. It emphasized the importance of public private partnerships and increased public investment, providing a framework for health planning that was integrated with the broader social and economic goals of the national development plan.

187. (D) List II - State List
Under the Indian Constitution, the subjects of public health, sanitation, hospitals, and dispensaries are placed in the State List within the Seventh Schedule. This means that individual state governments have the primary legislative and administrative authority over these areas. This constitutional arrangement is designed to ensure that health services can be tailored to the specific needs and conditions of each state, while the central government provide technical guidance and financial support to ensure a uniform standard across the country.

188. (B) Ensuring food security through the Public Distribution System (PDS).
Ensuring food security through the Public Distribution System is a key indirect strategy of the National Nutrition Policy of 1993. By providing essential food items at subsidized prices, the government aims to improve the nutritional status of the poor by making basic nutrition more affordable. This broad social intervention addresses the underlying causes of malnutrition and complements direct health actions, leading to more sustainable and widespread improvements in the health and well being of the entire population.

189. (B) 1, 2 and 4
Social movements in health in India often emerge in response to inequities and focus on issues like patient rights and access to medicines. The Jan Swasthya Abhiyan is a notable example that advocates for health rights and social accountability. These movements are diverse and use various methods, including community mobilization, advocacy, and public awareness

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financed through public funds and insurance, ensuring equity for all.

219. (A) Both A and R are true and R is the correct explanation of A.
The Kartar Singh Committee recommended replacing unipurpose health workers with multipurpose workers to improve the efficiency of the rural health system. The committee argued that having different workers visit the same family for various programs was not only inefficient but also confusing for the community. By training workers to provide integrated services, the committee sought to ensure that healthcare was more holistic and acceptable to the public, leading to more effective implementation of various national health initiatives.

220. (B) Ensure the scientific validation and quality control of AYUSH systems.
The primary goal of the 2002 policy on traditional medicine is to ensure the scientific validation and quality control of AYUSH systems, including Ayurveda and Homeopathy. By maintaining high standards for medical education and drug manufacture, the policy aims to increase the credibility and safety of these treatments. This focus on quality and standardization is essential for integrating traditional medicine into the national healthcare network and providing patients with safe and effective choices for their health and well being.

221. (C) Mudaliar Committee
The Mudaliar Committee was established in 1959 to review the progress of health services since the Bhore Committee report and the first two Five Year Plans. Its mandate was to assess what had been achieved and project the future needs of the health system. The committee's work provided a detailed analysis of the healthcare landscape and offered important recommendations for strengthening the infrastructure and medical education, guiding the direction of health planning in the early decades of post independence India.

222. (D) 2.1
The National Health Policy of 2017 set a target to reduce the total fertility rate to two point one children per woman by the year 2025. Achieving this replacement level fertility is a key objective for stabilizing population growth and ensuring sustainable social and economic development. The policy emphasizes a voluntary and rights based approach to family planning, focusing on meeting the unmet needs for contraception and improving reproductive health services to empower individuals and families across the entire country.

223. (C) Statement I is false, but Statement II is true.
Public health infrastructure in India is not uniform, as there are significant variations in quality and accessibility across different states. In contrast, the private health sector is heavily concentrated in urban areas and primarily caters to those who have the financial means to afford its services. This disparity in the healthcare landscape highlights the need for effective regulation of the private sector and increased public investment to ensure that quality care is available to everyone, regardless of their location or income.

224. (B) Government providing health insurance vouchers to citizens (like in PM-JAY).
Demand side financing in health involves providing financial resources directly to the consumers of healthcare services, such as through insurance vouchers or cash transfers. Programs like Ayushman Bharat PM-JAY are examples of this approach, where the government pays for the health services used by beneficiaries at the point of care. This mechanism aims to empower patients by giving them the financial means to access care from various providers, complementing traditional supply side financing where the government funds facilities and personnel directly.

225. (B) P-3, Q-4, R-1, S-2
India has enacted various health related legislations over more than a century to address different public health needs. The Epidemic Diseases Act dates back to 1897, while the Food Safety and Standards Act was passed in 2006. The Transplantation of Human Organs Act was enacted in 1994, and the Mental Healthcare Act is a more recent legislation from 2017. Together, these laws provide a comprehensive legal framework for regulating public health, food safety, organ transplantation, and the rights of patients in the modern era.

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240. (B) Jungalwalla and Kartar Singh Committees
The transition from vertical disease control programs to integrated health services was a central theme of both the Jungalwalla and Kartar Singh Committees. The Jungalwalla Committee focused on the administrative integration of medical care and public health, while the Kartar Singh Committee recommended the use of multipurpose health workers to provide integrated services at the community level. These recommendations were intended to improve efficiency and provide more holistic healthcare, moving away from fragmented programs to a more cohesive and comprehensive national health delivery system.

241. (B) An NGO running mobile health clinics in remote tribal areas.
An NGO operating mobile health clinics in remote tribal areas is an example of a civil society organization's role in health service delivery. These non governmental entities often work to fill gaps in the public health system by providing essential services to underserved and marginalized communities. By being flexible and community oriented, these organizations can reach populations that have limited access to formal healthcare facilities, playing a vital role in ensuring that even the most remote citizens receive basic medical attention and health education.

242. (A) 1, 2 and 3
The Bhore Committee's foundational recommendations included a three tier system of primary health centers and the integration of preventive and curative health services. The committee also proposed the creation of social physicians who were trained to understand the broader determinants of health. While these visionary ideas have guided India's health planning for decades, they were not fully implemented within the first Five Year Plan due to the immense resource and infrastructure challenges faced by the newly independent country.

243. (C) 2%
The National Health Policy of 2002 recommended increasing government expenditure on health to two percent of the national gross domestic product. This goal was set to address the need for better infrastructure and a more robust public health system. By increasing public investment, the policy aimed to reduce the high level of out of pocket expenditure and ensure that healthcare services were more accessible and affordable for the entire population, contributing to improved national health indicators and overall social and economic development.

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244. (D) Both the central and state governments can legislate on this matter.
Because population control and family planning are in the Concurrent List of the Indian Constitution, both the central and state governments have the authority to make laws on these subjects. This shared responsibility allows for a coordinated national approach while giving states the flexibility to implement programs that are suited to their specific demographic conditions and socio economic needs. This federal arrangement is essential for achieving population stabilization goals through a collaborative effort across different levels of government and society.

245. (C) Statement I is true, but Statement II is false.
India has a pluralistic healthcare system that officially recognizes and promotes multiple systems of medicine, including AYUSH and allopathy. The National Health Policy of 2017 does not discourage this pluralism; instead, it advocates for the mainstreaming and integration of AYUSH systems into the national healthcare delivery network. By encouraging a choice of treatments and promoting integrated care, the policy aims to leverage the strengths of different medical traditions to improve the overall health and well being of the entire population.

246. (B) ICSSR-ICMR Joint Panel on Health
The report titled An Alternative Strategy for Health for All was produced by a joint panel of the Indian Council of Social Science Research and the Indian Council of Medical Research. This critical document argued for a shift in health planning toward a more community based and equitable approach. It emphasized the need to address the social and economic determinants of health and provided a detailed framework for achieving universal health coverage through social justice and the empowerment of marginalized populations across the country.

233. (C) Mudaliar Committee
The Mudaliar Committee recommended the establishment of more institutions similar to the All India Institute of Medical Sciences to promote excellence in medical education and research. The committee recognized the need for specialized centers that could provide high quality training and conduct advanced research to address the country's complex health challenges. These institutes were intended to serve as models of medical excellence and play a leading role in improving the standard of healthcare and professional training throughout the entire national health system in India.

234. (A) To eventually dismantle the public health system.
The government promotes public private partnerships in health to overcome financial constraints and leverage private sector expertise, not to dismantle the public system. These collaborations are intended to expand the reach of health services and improve efficiency, complementing the government's efforts to provide quality care. By working with private entities, the state can fill infrastructure gaps and offer specialized services while maintaining its role in funding and regulation, with the goal of strengthening the overall health system and achieving national health objectives.

235. (D) Srivastava Committee
The slogan "People's Health in People's Hands" is associated with the report of the Srivastava Committee, which emphasized the importance of community participation in health. The committee advocated for the training of community level health workers who could provide basic care and promote health within their own communities. this approach was based on the belief that health is a social responsibility and that empowering individuals and communities is the most effective way to improve public health outcomes and build a more responsive health system.

236. (B) Buying medicines from pharmacies.
A significant portion of out of pocket health expenditure in India is spent on purchasing medicines from private pharmacies. This high cost often arises because public health facilities may not always have a sufficient supply of necessary drugs, forcing patients to buy them themselves. Reducing the financial burden of medicines is a critical challenge for the healthcare system, requiring policies that improve the availability of essential drugs in public clinics and promote the use of affordable generic medicines for all citizens.

237. (C) Alma-Ata (now Almaty)
The international conference that set the goal of Health for All by the year 2000 was held in 1978 in Alma-Ata, which is now Almaty in Kazakhstan. This landmark event produced the Alma-Ata Declaration, which established primary healthcare as the key strategy for achieving global health equity. The declaration's emphasis on social justice, community participation, and accessible care has significantly influenced health policies and planning worldwide, including India's first National Health Policy in 1983 and subsequent rural health initiatives.

238. (A) Both A and R are true and R is the correct explanation of A.
The Mental Healthcare Act of 2017 takes a rights based approach by protecting the dignity and autonomy of persons with mental illness. It includes provisions for advance directives and nominated representatives, ensuring that patients have a say in their treatment. By prohibiting cruel and inhuman treatment and decriminalizing suicide attempts, the act shifts the focus toward support and care. This landmark legislation mandates that the state provide accessible mental health services, ensuring that the rights of this vulnerable population are respected and protected.

239. (A) Prime Minister
The National Population Policy of 2000 led to the creation of the National Commission on Population, which is chaired by the Prime Minister. This high level commission was established to provide oversight and coordination for population related programs across different ministries and levels of government. By involving the highest political leadership, the commission ensures that population stabilization and health goals remain a top national priority, reflecting the importance of these issues for the country's overall social and economic development and long term sustainability.

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is available to all citizens without financial hardship. By using public funds to purchase care, the state can expand the capacity of the health system and improve access, while also maintaining its critical role in regulating and overseeing health services.

212. (C) Statement I is true, but Statement II is false.
The Bhore Committee recommended an ambitious long term goal of one doctor per two thousand population to ensure adequate healthcare for all. However, when the Mudaliar Committee reviewed the situation over a decade later, it found that many of the original targets set by the Bhore Committee had not yet been achieved. While progress was made, the health system still faced significant challenges in terms of infrastructure and manpower, highlighting the need for continued planning and investment in the public health sector.

213. (C) Social accountability
The role of civil society organizations in monitoring government health missions is a key example of social accountability in action. By observing the implementation of programs and providing feedback, these groups help to ensure that public services are delivered effectively and that the government is held responsible for its performance. This citizen led monitoring encourages transparency and responsiveness within the healthcare system, ensuring that health services are more aligned with the actual needs and rights of the communities they serve.

214. (B) Health and economic development
The National Commission on Macroeconomics and Health emphasized the strong and direct link between a population's health and its economic development. It argued that investment in health is not just a social duty but an economic necessity, as a healthy workforce is more productive and contributes to national growth. The commission's findings highlighted that improving public health can reduce poverty and boost economic performance, providing a powerful argument for increased government spending on health and nutrition programs across the entire country.

215. (A) 1, 2, 3, and 4
The National Health Policy of 2017 aims to increase public health spending to two point five percent of GDP and emphasizes the creation of Health and Wellness Centres for comprehensive primary care. It also set ambitious targets for eliminating diseases like Kala-azar and addressed the rising challenge of non communicable diseases. The policy does not reject the private sector; instead, it acknowledges its role and encourages partnerships to achieve national health goals and ensure universal access to quality healthcare.

216. (A) Chadaha Committee
The Chadaha Committee proposed the concept of a basic health worker in 1963 to carry out integrated activities, specifically focusing on malaria vigilance and family planning. The committee recommended that these single purpose workers should visit every house regularly to monitor the resurgence of malaria while also promoting reproductive health. This approach was intended to maintain the success of the malaria eradication program by ensuring that a permanent and dedicated workforce was available at the local level to provide essential vigilance services.

217. (C) Prevention of the extension from one State to another of infectious or contagious diseases or pests
In the Indian Constitution, the prevention of the spread of infectious or contagious diseases between states is a subject in the Concurrent List. This means that both the central and state governments have the authority to make laws in this area. This shared power is essential for managing public health crises that transcend state boundaries, ensuring that national and regional authorities can work together to control outbreaks and protect the population from dangerous diseases that threaten public safety.

218. (A) Regressive and inequitable due to high OOPE.
The main criticism of India's health financing is that it is regressive and inequitable because of the high level of out of pocket expenditure. When patients have to pay for services directly, the financial burden falls most heavily on the poor, who may be forced into poverty by medical costs. This structure creates significant barriers to accessing quality care and highlights the need for a more progressive system where health is

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247. (D) Low levels of public financing for health.
The high prevalence of out of pocket expenditure in India is a direct consequence of low levels of public funding for healthcare. When the government does not invest enough in infrastructure, personnel, and medicines, citizens are forced to pay for services themselves. This situation highlights the critical need for increased public expenditure to build a more robust and accessible health system that provides financial protection for all, ensuring that quality care is not dependent on an individual's ability to pay.

248. (A) Lay down science-based standards for food and regulate their manufacture, storage, distribution, and sale.
The Food Safety and Standards Authority of India is responsible for establishing science based standards for food products and regulating their entire lifecycle from production to consumption. Its primary mandate is to ensure that all food in the country is safe and wholesome for human consumption. By enforcing strict quality controls and standards, the authority aims to protect public health from risks associated with food adulteration and unsafe practices, ensuring that the food consumed by the people meets national safety requirements.

249. (C) Bhore, Mudaliar, Kartar Singh, Srivastava
The correct chronological sequence of these influential health committees begins with the Bhore Committee in 1946, followed by the Mudaliar Committee in 1962. The Kartar Singh Committee submitted its report in 1973, and the Srivastava Committee followed in 1975. Each of these expert groups provided essential recommendations at different stages of India's development, shaping the evolution of the national health policy, the organization of health services, and the training of healthcare professionals over several decades of post independence history.

250. (A) Improve the health status of the population and ensure equitable access to quality care.
The ultimate goal of all health policies and the development of medical services in India is to improve the overall health of the population and ensure that everyone has fair access to quality healthcare. This mission is driven by the principles of social justice and equity, aiming to reduce health disparities and protect citizens from the financial burden of illness. By building a strong and responsive health system, the state seeks to contribute to the well being and development of the entire nation.

251. (B) Conducting assessments and providing strategic recommendations for health sector development.
The establishment of expert health committees in post-independent India served a vital strategic purpose for the nation. These bodies were responsible for conducting thorough assessments of existing healthcare conditions and identifying systemic gaps. By formulating detailed recommendations, they provided a necessary roadmap for resource allocation and infrastructure development to build a comprehensive national healthcare delivery system.

252. (A) A planned and systematic approach guided by expert recommendations.
Post-independent health services in India did not grow haphazardly or through spontaneous events. Instead, the process involved deliberate planning and a systematic framework. This development was continuously guided by recommendations from specialized expert committees. Their goal was to create a tiered infrastructure capable of meeting the diverse and complex healthcare needs of the country's vast population through structured policies.

253. (C) They were comprehensive, covering areas from infrastructure to human resources and disease control.
Health committees in India were tasked with addressing a broad and varied spectrum of national health issues. Their recommendations were not limited to a single area but spanned critical sectors. This included building robust primary infrastructure, managing medical personnel training, controlling infectious diseases, and integrating diverse health services. This comprehensive approach ensured that all components of the healthcare system were developed.

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acknowledges that neither sector can solve all health challenges alone. By working together, the government and private entities can leverage their respective assets to improve the national health system, ultimately providing better services to the public than possible individually.

287. (C) Efficiency, expertise, and capital investment.
In a partnership arrangement, the private sector contributes essential resources that the public sector may lack, such as capital investment and technological expertise. It also brings operational efficiency and specialized management skills to the healthcare delivery process. These contributions are intended to enhance the quality and performance of health services, allowing for more modern and effective care within the public framework.

288. (B) A strong regulatory framework to protect public health goals.
For a Public-Private Partnership to be successful, it must operate within a robust and well-defined regulatory framework. This is necessary to ensure that the drive for profit does not undermine or compromise broader public health goals. Strong government oversight is required to maintain standards, protect patient interests, and ensure that the partnership remains focused on serving the public good effectively.

289. (D) Issues of equity, accountability, and cost of care.
While partnerships offer benefits, they also present significant challenges related to equity and the overall cost of healthcare services. There are concerns about whether these arrangements can remain accountable to the public and if they might worsen existing inequalities. Continuous monitoring is essential to ensure that such collaborations are fair and do not create financial barriers for the most vulnerable populations.

290. (A) To enhance the quality, affordability, and accessibility of healthcare services.
The primary goal of utilizing the partnership model in the healthcare sector is to expand the reach and quality of services. By combining resources, these arrangements aim to make healthcare more accessible and affordable for a larger portion of the population. This objective is particularly important in regions where existing public infrastructure is insufficient to meet the local medical demands effectively.

291. (C) A high prevalence of Out-of-Pocket Expenditure (OOPE).
A defining feature of how healthcare is funded in India is the heavy reliance on payments made directly by individuals at the time of service. This high prevalence of out-of-pocket expenditure indicates that government and insurance funding levels have historically been lower than required. This financing model places a significant burden on households, often making access to care dependent on personal wealth.

292. (A) It can cause financial hardship and push families into poverty.
High out-of-pocket spending on health services can have devastating economic effects on families and individuals. When medical costs are too high, they often lead to severe financial hardship and can even push vulnerable households into long-term poverty. This situation highlights the critical need for better financial protection mechanisms to ensure that the cost of illness does not ruin lives.

293. (D) To pool risk and provide financial protection against high healthcare costs.
Health insurance serves as a vital financial tool by pooling the risks of many individuals to provide protection against high medical costs. Its main purpose is to shield people from the economic impact of catastrophic health events that would otherwise be unaffordable. By spreading the financial burden, insurance helps ensure that necessary healthcare remains accessible to individuals without causing total bankruptcy.

294. (B) poor and informal sector workers.
Government-sponsored health insurance programs are specifically designed to provide a safety net for the most economically disadvantaged segments of society. These schemes primarily target poor families and workers in the informal sector who lack other forms of financial protection. By covering these groups, the government aims to ensure that financial status does not prevent the most vulnerable from receiving care.

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262. (B) It acknowledged the significance of the private sector in the health system.
By the time the National Health Policy of 2002 was formulated, the healthcare landscape in India had become more complex. This policy marked a significant change by formally recognizing the growing role and importance of the private sector. It sought to integrate this sector within a more holistic framework, addressing medical education and regulation to better manage the entire system.

263. (C) a rights-based approach emphasizing preventive health and financial protection.
The National Health Policy of 2017 represents a major paradigm shift toward a rights-based and aspirational vision for the nation. This policy emphasizes preventive and promotive healthcare while ensuring financial protection for citizens. Its goal is to prevent families from facing catastrophic health expenditures and to commit higher public spending toward achieving the highest possible health and well-being standards.

264. (D) a growing complexity and maturity in addressing national health challenges.
The transition through different National Health Policies highlights the maturing nature of public health governance in India. This evolution reflects an increasing complexity in addressing national health challenges and a deeper understanding of changing health needs. By adapting to global discourses and local realities, the policies have moved from simple infrastructure development toward comprehensive, rights-based, and holistic healthcare frameworks.

265. (A) To reduce the burden of catastrophic out-of-pocket health expenditure on households.
Financial protection is a key pillar of modern health policy, aimed at shielding households from the severe economic impact of medical costs. In the context of the National Health Policy 2017, this focus intends to reduce the heavy burden of catastrophic out-of-pocket health expenditure. By providing a safety net, the policy ensures that healthcare remains accessible without causing poverty.

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266. (B) An emphasis on voluntary choice and addressing social determinants of health.
The current Population Policy in India has evolved from older models to a focus on voluntary and informed choices for citizens. It avoids coercive measures, instead prioritizing social determinants such as female education, maternal health, and empowerment. By addressing these underlying factors, the policy seeks to achieve population stabilization while respecting individual rights and enhancing the overall quality of life.

267. (B) malnutrition is a complex problem requiring integrated action across various sectors like health and agriculture.
Malnutrition is a multifaceted challenge that cannot be solved by medical interventions alone, as it involves agriculture, sanitation, and education. Consequently, the Nutrition Policy adopts a multi-sectoral approach to integrate diverse interventions across these different departments. This strategy ensures that food security and nutritional outcomes are addressed through a comprehensive framework that tackles the various root causes of malnutrition.

268. (A) Improved nutrition can support family planning goals, and smaller family sizes can improve nutritional status.
The link between population and nutrition policies creates a beneficial cycle for national development. Adequate nutrition ensures a healthier population that is more likely to engage in informed family planning decisions. Conversely, smaller family sizes allow for better resource allocation and nutritional intake within households. This synergy helps improve health outcomes and enhances the effectiveness of both government policy frameworks.

269. (C) Children, pregnant women, and lactating mothers.
Certain segments of the population are particularly susceptible to the negative effects of malnutrition on health and development. The Nutrition Policy specifically targets these vulnerable groups, which primarily include children, pregnant women, and lactating mothers. By ensuring food and nutrition security for these individuals, the policy aims to reduce morbidity and mortality while supporting cognitive growth and overall physical well-being.

CHAPTER 03

General Epidemiology and Bio-statistics

1. Which of the following is the most comprehensive definition of Epidemiology?
(A) The specialized study of infectious disease epidemics and transmission patterns in human populations.
(B) The study of distribution and determinants of health states and their control in populations.
(C) The clinical observation and systematic description of disease progression and therapeutic protocols.
(D) The statistical analysis of health data used to understand and monitor population health outcomes.

2. In epidemiology, what does the term 'distribution' refer to?
(A) The frequency and pattern of health events in a population by person, place, and time.
(B) The identification of specific biological or chemical causative agents responsible for a disease.
(C) The systematic marketing and logistical delivery of essential health services to a community.
(D) The advanced statistical analysis of primary clinical trial outcomes and patient response variables.

3. Which of the following is a primary objective of descriptive epidemiology?
(A) To test a specific hypothesis about the cause of a disease.
(B) To evaluate the effectiveness of a new drug in a controlled setting.
(C) To generate hypotheses about disease causation by describing health events.
(D) To measure the association between an exposure and an outcome.

4. Read the following statements and select the correct option.
Statement I : Analytical epidemiology is primarily concerned with testing hypotheses.
Statement II : Descriptive epidemiology is primarily concerned with generating hypotheses.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

5. Read the following assertion and reason statements and select the correct option.
Assertion (A) : Epidemiology is considered the basic science of public health.
Reason (R) : It provides the data for directing public health action and evaluating interventions.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. Which of the following is NOT considered a primary use of epidemiology?
(A) To identify the etiology of diseases.
(B) To prescribe specific medications to individual patients.
(C) To study the natural history of diseases.
(D) To evaluate health services and interventions.

7. The measure that quantifies the number of existing cases of a disease in a population at a specific point in time is known as:
(A) Incidence rate
(B) Attack rate
(C) Mortality rate
(D) Prevalence

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278. (B) The regulation of informed consent and confidentiality.
Protecting the rights of patients is a critical component of the modern legislative framework in the healthcare sector. This includes legal provisions that regulate informed consent, ensure patient confidentiality, and manage the conduct of clinical trials. These laws are intended to safeguard the interests of individuals, ensuring that they are treated with dignity and that their personal health information remains secure.

279. (C) adapts over time to new challenges and advancements.
The legislative framework for health is described as dynamic because it is designed to evolve alongside changing societal and medical needs. As new health challenges arise and medical technologies advance, the laws are updated to remain relevant and effective. This adaptability ensures that the legal system can continue to protect patient rights and regulate the healthcare sector in a modern context.

280. (D) To create a healthcare system that is safe, ethical, and accountable.
Effective enforcement of health legislation is necessary to build a healthcare ecosystem that citizens can trust. The ultimate objective is to create a system characterized by safety, ethical conduct, and accountability. By ensuring that all providers follow established standards and respect patient rights, the legal framework helps maintain the integrity and quality of health services across the entire nation.

281. (A) To ensure equitable access to basic and preventive care, especially for the marginalized.
The public health sector operates with a specific social mandate to serve the needs of the entire population, regardless of economic status. Its primary focus is to ensure equitable access to preventive care and basic curative services for all citizens. This network of facilities is particularly vital for poor and marginalized communities who rely on government support for their healthcare needs.

282. (B) As a heterogeneous and dominant provider of specialized curative care.
The private health sector in India is characterized by its wide diversity, ranging from small individual clinics to large corporate hospital chains. It is the leading provider of specialized medical care and curative services, particularly within urban environments. While often perceived as offering high-quality treatment, the private sector is also known for being more expensive compared to public health options.

283. (B) To provide affordable or free care, often to specific communities or in niche areas.
Charitable healthcare organizations occupy a specialized position by offering affordable or free medical services to specific communities and underserved groups. While their scale is smaller than the public or private sectors, their contribution is significant in niche areas where gaps in care exist. These non-profit entities play a crucial role in enhancing equity by reaching those who face barriers elsewhere.

284. (A) regulation, integration, and ensuring equitable access.
Having a mixed healthcare landscape with public, private, and charitable providers creates several complex management challenges. These include the difficulty of ensuring effective regulation across diverse sectors and integrating different services into a unified system. Furthermore, maintaining equity in access remains a primary concern, as the varying costs and availability of services can lead to significant disparities for different populations.

285. (C) the public sector is government-funded with a focus on equity, while the private sector is a dominant provider of expensive, specialized services.
A fundamental distinction exists between the public and private sectors regarding their funding and primary objectives. The public sector is government-funded and prioritizes equitable access to basic care for all. In contrast, the private sector operates as a dominant provider of more specialized and expensive services. This difference defines the mixed nature of the healthcare system and its impact on accessibility.

286. (D) To combine the strengths of the public and private sectors for mutual benefit.
Public-Private Partnerships are designed to create a synergy by combining the unique capabilities of both sectors for a shared goal. This model

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(B) To provide a basis for resource allocation and program evaluation.
(C) To conduct research on new pharmaceutical interventions.
(D) To definitively establish the cause of a disease.

17. The ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice is the definition of:
(A) An epidemic investigation
(B) Public health surveillance
(C) A screening program
(D) A case-control study

18. What is the key difference between active and passive surveillance?
(A) Passive involves reporting by providers; active involves health departments seeking data.
(B) Active involves reporting by providers; passive involves health departments seeking data.
(C) Passive surveillance is more expensive than active surveillance systems.
(D) Active surveillance is used for chronic diseases; passive for infectious ones.

19. Which of the following is an example of active surveillance?
(A) A hospital reporting a notifiable disease case to the health department.
(B) A physician reporting a cluster of unusual symptoms seen in their practice.
(C) A health department official calling clinics to find additional cases of a reported illness.
(D) Analysis of death certificate data for mortality trends.

20. Arrange the following steps in the investigation of an epidemic in the correct chronological order:
1. Establish the existence of an epidemic.
2. Formulate a hypothesis.
3. Define and identify cases.
4. Describe the data in terms of time, place, and person.
5. Verify the diagnosis.

(A) 1, 5, 3, 4, 2
(B) 1, 2, 3, 4, 5
(C) 5, 1, 2, 3, 4
(D) 3, 5, 1, 2, 4

21. The ability of a screening test to correctly identify those who have the disease is known as:
(A) Specificity
(B) Positive Predictive Value
(C) Sensitivity
(D) Negative Predictive Value

22. A screening test with high specificity will have:
(A) A high number of false positives.
(B) A low number of false positives.
(C) A low number of false negatives.
(D) A high number of false negatives.

23. Read the following statements regarding screening tests and select the correct option.
Statement I : The predictive value positive (PVP) of a screening test is influenced by the prevalence of the disease in the population.
Statement II : The sensitivity and specificity are intrinsic properties of a test and are not affected by disease prevalence.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

24. In a population of 1000 people, 100 have a disease. A screening test correctly identifies 80 of the 100 people with the disease. What is the sensitivity of the test?
(A) 80%
(B) 90%
(C) 100%
(D) 20%

25. Consider the following criteria for establishing a causal relationship between an exposure and an outcome:
1. Temporality (exposure precedes outcome).
2. Strength of association.
3. Consistency of findings across studies.
4. Plausibility (biological mechanism).
5. Dose-response relationship.

(A) 1 and 2 only

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295. (C) To reduce OOPE and increase public spending and insurance coverage.
The central challenge for national health financing is to shift away from individual payments toward more sustainable and equitable funding models. This involves a commitment to increasing public spending on health and expanding the reach of insurance coverage. The ultimate goal is to reduce the burden of out-of-pocket costs, ensuring that no citizen is denied healthcare due to financial constraints.

296. (D) To act as intermediaries and advocate for the health rights of marginalized groups.
Civil society organizations perform a transformative role by acting as intermediaries between the state and the people. Their key functions include advocating for the health rights of marginalized groups and ensuring their specific needs are addressed in policy debates. By serving as watchdogs and community representatives, these organizations help make the healthcare system more inclusive and responsive to those often ignored.

297. (A) Systemic failures, public health crises, or the denial of health rights.
Social movements in the health sector are often a direct response to systemic failures, public health crises, or the violation of citizens' health rights. These movements mobilize the public to demand justice and better services when the state fails to act appropriately. They arise as a powerful voice against apathy, pushing for accountability and urgent reforms in the national health system.

298. (B) a health system that is more responsive, equitable, and accountable.
The active participation of civil society and social movements leads to a more robust and democratic health governance structure. Their involvement helps create a system that is significantly more responsive to the needs of the population and more accountable for its actions. By demanding equity and transparency, these entities ensure that healthcare services are delivered fairly and effectively to all citizens.

299. (B) Holding the government accountable for its inaction or indifference to health issues.
When social movements challenge state apathy, they are essentially holding the government accountable for its lack of action or indifference toward health issues. By mobilizing public opinion and questioning power structures, these movements force authorities to address critical health problems that might otherwise be neglected. This pressure is vital for ensuring that the state fulfills its obligations to the public.

300. (A) It is often a relationship of critical engagement, involving both collaboration and contestation.
The relationship between civil society and the state is characterized by a complex dynamic of critical engagement. This often involves periods of collaboration on health delivery alongside moments of contestation over policy decisions. This interaction is essential for a healthy democracy, as it allows civil society to both support government initiatives and challenge the state when it fails to protect health.

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254. (D) influenced by a deliberate process of study and planning.
The assertion that health services did not evolve in a vacuum emphasizes that their development was a highly deliberate and structured process. It signifies that the national health system was shaped by rigorous study, expert analysis, and strategic planning rather than external pressures or isolated events. This planned approach provided the necessary foundation for all subsequent health programs and policies.

255. (C) The findings of the committees provided a foundational blueprint for later policies and programs.
Expert health committees acted as the primary intellectual and strategic foundation for national health development in India. The detailed findings and recommendations provided by these bodies served as an essential blueprint for future government policies and health programs. This continuous dialogue between policy formulation and practical implementation allowed for a systematic expansion of healthcare services across the entire national landscape.

256. (B) Legislating and implementing health programs within their jurisdiction.
Within the federal structure of the Indian constitution, health is categorized as a state subject. This specific legal designation grants individual state governments the primary authority and responsibility to manage health affairs. Consequently, states are empowered to legislate and implement health programs that are specifically tailored to address the unique demographic and regional health needs of their local populations.

257. (D) coordination, policy guidance, and management of issues with national implications.
While states manage local delivery, the central government performs a vital supervisory and guiding function in the national health framework. Its duties focus on coordinating between various states, managing international health regulations, and overseeing medical education standards. Furthermore, the central government handles issues of national importance, such as disease control across borders, to ensure a unified health policy approach.

258. (A) By suggesting that constitutional directives on public health and nutrition form the basis for protecting citizens from the impacts of illness.
The Indian constitution links health to social security through specific directives aimed at improving public health, nutrition, and the general standard of living. These constitutional provisions serve as a vital framework for protecting citizens from the various financial and social consequences associated with illness. By prioritizing these areas, the state establishes a foundation for safeguarding the welfare of its population.

259. (C) A collaborative mechanism between the central and state governments.
The division of health responsibilities between the centre and states requires a highly collaborative approach to be effective. While the central government establishes broad national policy objectives and standards, state governments manage the final delivery of services. This dynamic interplay ensures that local administration aligns with national goals, creating a unified effort to provide social security and essential health services.

260. (A) Its foundation is derived implicitly from directives concerning public health and nutrition.
Although the Indian constitution does not explicitly declare health a fundamental right, this entitlement is implicitly derived from various directive principles. These provisions focus on enhancing public health, nutrition, and the living standards of citizens. Collectively, these directives provide a strong legal and social basis for the right to health, guiding the state's obligation toward its people's well-being.

261. (D) Establishing a comprehensive primary healthcare infrastructure.
The National Health Policy of 1983 was heavily influenced by international commitments like the Alma-Ata Declaration. Its primary objective was the creation of a comprehensive and decentralized primary healthcare services infrastructure across India. By focusing on building a network of facilities, the policy aimed to shift the national health focus towards providing essential care at the local and community levels.

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8. A study begins with 1,000 healthy individuals and follows them for five years to observe the development of diabetes. Over the five years, 50 individuals develop diabetes. Which measure can be directly calculated from this information?
(A) Cumulative incidence
(B) Point prevalence
(C) Period prevalence
(D) Odds ratio

9. Which of the following is an example of a ratio in epidemiological measurements?
(A) The number of live births in a year divided by the mid-year population.
(B) The number of new tuberculosis cases in a year divided by the person-years of observation.
(C) The number of male smokers divided by the number of female smokers.
(D) The number of people with hypertension divided by the total population screened.

10. Match the epidemiological measures (P-S) with their characteristics (1-4):
P. Incidence Rate
Q. Prevalence
R. Ratio
S. Proportion
1. A snapshot of existing disease at a point in time
2. The speed at which new cases occur in a population at risk
3. A type of ratio where the numerator is included in the denominator
4. A comparison of two distinct quantities, where the numerator is not part of the denominator
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-2, S-4

11. An increase in the number of susceptible individuals immigrating into a population would most likely lead to:
(A) A decrease in the prevalence of a chronic disease.
(B) A stable attack rate during an outbreak.
(C) An improvement in overall herd immunity.
(D) An increase in the incidence of a communicable disease.

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12. The fundamental difference between a cohort study and a case-control study is:
(A) Cohort studies are experimental interventions, while case-control studies are observational.
(B) Cohort studies move from exposure to outcome; case-control studies move from outcome to exposure.
(C) Cohort studies are strictly retrospective, while case-control studies are prospective designs.
(D) Cohort studies are generally less expensive and significantly faster than case-control studies.

13. Which epidemiological study design is best suited for studying rare diseases?
(A) Cross-sectional study
(B) Cohort study
(C) Case-control study
(D) Randomized controlled trial

14. A public health researcher wants to determine the prevalence of hypertension in a community. The researcher conducts a survey at a single point in time, collecting data on blood pressure and other risk factors. What type of study design is this?
(A) Case-control study
(B) Prospective cohort study
(C) Clinical trial
(D) Cross-sectional study

15. Consider the following statements regarding Randomized Controlled Trials (RCTs):
1. They are considered the gold standard for establishing causality.
2. Randomization helps to minimize confounding.
3. They are a type of observational study.
4. They are always conducted prospectively.
Which of the above statement(s) is/are correct?
(A) 1, 2, and 3 only
(B) 1, 2, and 4 only
(C) 2, 3, and 4 only
(D) 1, 3, and 4 only

16. What is the primary purpose of public health surveillance?
(A) To treat individual patients diagnosed with a disease.

270. (D) To create a healthier and more developed society through a holistic approach.
The combined focus of population and nutrition policies is to foster a healthier and more developed society through a holistic approach. Rather than focusing on narrow statistical targets, these strategies aim to address the social determinants of health and improve overall welfare. This comprehensive framework seeks to create a virtuous cycle where health, nutrition, and demographic stability drive national progress.

271. (C) To mainstream and integrate AYUSH systems into the national health framework.
The 2002 policy on traditional medicine was a landmark effort to officially recognize and integrate indigenous practices into the national health framework. By mainstreaming systems like Ayurveda, Yoga, Unani, Siddha, and Homeopathy, the government aimed to utilize their full potential. The ultimate goal of this integration was to support the global and national objective of providing health for all citizens.

272. (B) The standardization of drugs, quality education, and promotion of research.
To increase public confidence and establish credibility for traditional medicine, the policy introduced several quality control measures. These include the standardization of drugs and practices, improving the quality of education in specialized colleges, and promoting systematic research. Such efforts are designed to validate the safety and efficacy of these treatments, ensuring they meet professional standards within the national healthcare ecosystem.

273. (D) In preventive, promotive, and primary healthcare services.
Traditional medicine practitioners are seen as vital contributors to the healthcare delivery system, particularly in areas requiring accessible care. The national policy envisions their primary role in providing preventive, promotive, and basic primary healthcare services. By utilizing these practitioners, the system can more effectively bridge the gap in healthcare access, especially for populations living in underserved or rural geographic regions.

274. (A) different medical traditions coexist and complement one another.
A pluralistic healthcare system is one that officially recognizes and incorporates multiple traditions of medicine within a single framework. In this environment, diverse systems like allopathy and traditional practices coexist and complement each other rather than being in conflict. This approach allows for a more comprehensive range of medical options for the public, maximizing the benefits to overall population health.

275. (C) It could help improve healthcare access, particularly in underserved regions.
Integrating traditional medicine practitioners into the broader healthcare framework offers a practical solution for expanding the reach of medical services. These practitioners are often more available in remote areas where modern medical facilities might be scarce. By including them in the national system, the government can significantly improve healthcare access and delivery for underserved populations in various marginalized regions.

276. (A) To ensure the quality of medical services and protect public health.
Health legislation in India serves as the essential bedrock for protecting public health and regulating the entire medical sector. These statutes are designed to ensure the safety and quality of medical services and products provided to citizens. By setting professional standards and regulating drug manufacturing, the legal framework creates a safe and ethical environment for the delivery of healthcare services.

277. (D) empower authorities to implement measures to control disease spread.
Specific laws are enacted to address the unique challenges posed by public health emergencies and the spread of infectious diseases. These legislations empower health authorities with the necessary legal mandate to implement containment measures and manage crises effectively. This authority is crucial for protecting the population during outbreaks, ensuring that the government can respond rapidly to threats against national health.

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(B) 1, 2, and 3 only
(C) 3, 4, and 5 only
(D) All of the above

26. A systematic error in an epidemiological study that results in an incorrect estimate of the association between exposure and disease is known as:
(A) Bias
(B) Confounding
(C) Random error
(D) Effect modification

27. When the study subjects are not representative of the target population, this can lead to:
(A) Information bias
(B) Confounding
(C) Recall bias
(D) Selection bias

28. Recall bias is a major concern in which type of study design?
(A) Prospective cohort study
(B) Case-control study
(C) Randomized controlled trial
(D) Cross-sectional study

29. Read the following assertion and reason statements regarding case-control studies and select the correct option.
Assertion (A) : In a case-control study, cases may remember their past exposures differently than controls.
Reason (R) : This differential memory leads to recall bias, which can distort the measure of association.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

30. A researcher is studying the association between coffee drinking and heart disease. The researcher finds an association but does not account for the fact that coffee drinkers are also more likely to be smokers. In this scenario, smoking is a:
(A) Dependent variable
(B) Independent variable
(C) Outcome variable
(D) Confounding variable

31. The first step in the investigation of an epidemic is:
(A) Establish the existence of an epidemic.
(B) Communicate findings to the public.
(C) Implement control measures.
(D) Formulate a hypothesis.

32. An epidemic curve which shows a steep upslope and a more gradual downslope is characteristic of a:
(A) Propagated source epidemic
(B) Point source epidemic
(C) Endemic disease pattern
(D) Secular trend

33. What is the primary purpose of constructing an epidemic curve?
(A) To identify the specific pathogen causing the outbreak.
(B) To provide a graphical display of the outbreak's magnitude and time course.
(C) To calculate the case-fatality rate of the disease.
(D) To determine the effectiveness of treatment.

34. Which of the following is NOT a step in an epidemic investigation?
(A) Securing funding for future research
(B) Verifying the diagnosis
(C) Defining and identifying cases
(D) Describing data by time, place, and person

35. Match the statistical terms (P-S) with their definitions (1-4):
P. Mean
Q. Median
R. Mode
S. Range
1. The most frequently occurring value in a dataset
2. The difference between the highest and lowest values
3. The arithmetic average of a dataset
4. The middle value in an ordered dataset
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-4, S-2
(D) P-4, Q-3, R-2, S-1

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(A) Endemic
(B) Epidemic
(C) Sporadic
(D) Zoonosis

77. Which of the following is a key characteristic of descriptive epidemiology?
(A) It always involves a comparison group.
(B) It is used to test specific etiological hypotheses.
(C) It describes disease patterns according to person, place, and time.
(D) It requires manipulation of an exposure.

78. A researcher is investigating a foodborne illness outbreak. They calculate the proportion of people who became ill after eating a specific food item among all people who ate that food item. What is this measure called?
(A) Case-fatality rate
(B) Secondary attack rate
(C) Incidence density
(D) Attack rate

79. Blinding in a randomized controlled trial is used to reduce:
(A) Information bias
(B) Selection bias
(C) Confounding
(D) Random error

80. Which of the following chronological sequences of study designs is ordered from weakest to strongest in terms of providing evidence for causality?
(A) Case-control, Cross-sectional, Cohort, RCT
(B) Cross-sectional, Case-control, Cohort, RCT
(C) RCT, Cohort, Case-control, Cross-sectional
(D) Cross-sectional, Cohort, Case-control, RCT

81. The positive predictive value of a screening test is the proportion of:
(A) People with the disease who test positive.
(B) People who test positive who actually have the disease.
(C) People without the disease who test negative.
(D) People who test negative who actually do not have the disease.

82. In contrast to sensitivity and specificity, the predictive values of a screening test are heavily influenced by the:
(A) Prevalence of the disease in the screened population
(B) Cost of the test
(C) Ease of administration of the test
(D) Number of false negatives

83. A systematic difference in the way exposure or outcome information is obtained from different study groups is termed:
(A) Confounding
(B) Selection bias
(C) Information bias
(D) Effect modification

84. In a study on the effect of a new medication, some participants in the placebo group believe they are receiving the real treatment and report an improvement in their symptoms. This is known as the:
(A) Hawthorne effect
(B) Observer effect
(C) Recall bias
(D) Placebo effect

85. Consider the following core components of biostatistics:
1. Design of experiments and surveys.
2. Collection and analysis of data.
3. Interpretation and communication of results.
4. Prescription of individual treatment plans.

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1, 2, and 3 only
(C) 2, 3, and 4 only
(D) All of the above

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86. Temperature measured in Celsius or Fahrenheit is an example of what type of data?
(A) Nominal
(B) Interval
(C) Ordinal
(D) Ratio

87. Which of the following is a source of secondary data for public health?
(A) A focus group discussion conducted for a new study.

Which of the above statement(s) is/are correct?
(A) 1, 2, 3, and 4
(B) 1, 2, 4, and 5
(C) 1, 3, 4, and 5
(D) 2, 3, 4, and 5

46. What is the most significant disadvantage of non-probability sampling methods?
(A) They are more complex and time-consuming to implement.
(B) They require a complete list of all members of the population.
(C) They are more expensive than probability sampling methods.
(D) The results cannot be generalized to the larger population with a known level of confidence.

47. Sample size estimation in a study is influenced by all of the following EXCEPT:
(A) The personal preference of the principal investigator.
(B) The desired level of statistical significance (alpha).
(C) The desired power of the study (1-beta).
(D) The variability of the outcome measure in the population.

48. The probability of an event must be a number between:
(A) -1 and 1
(B) 0 and 1
(C) 0 and 100
(D) 0 and infinity

49. In statistical hypothesis testing, the p-value represents:
(A) The probability that the null hypothesis is true.
(B) The probability of observing the study results, or more extreme results, if the null hypothesis were true.
(C) The probability that the alternative hypothesis is true.
(D) The probability of making a Type I error.

50. A researcher rejects the null hypothesis when it is actually true. This is an example of:
(A) A Type I error
(B) A Type II error
(C) A correct decision
(D) High statistical power

51. A p-value of 0.03 in a study would typically lead to which conclusion, assuming an alpha level of 0.05?
(A) Fail to reject the null hypothesis.
(B) Accept the alternative hypothesis as proven.
(C) Reject the null hypothesis.
(D) Conclude the study has low power.

52. Which statistical test is most appropriate for comparing the means of two independent groups when the data is normally distributed?
(A) Chi-square test
(B) Paired t-test
(C) ANOVA
(D) Independent samples t-test

53. A pie chart is most useful for displaying which type of data?
(A) Time-series data
(B) The relationship between two continuous variables
(C) Proportions of a whole for a categorical variable
(D) The distribution of a single continuous variable

54. A histogram is a graphical representation of:
(A) The relationship between two nominal variables.
(B) The frequency distribution of a continuous variable.
(C) Proportions within a single category.
(D) The change in a variable over time.

55. In the context of data interpretation, 'statistical significance' implies:
(A) The findings are of major clinical importance.
(B) The study was well-designed and free of bias.
(C) The results are easily generalizable to all populations.
(D) The observed effect is unlikely to be due to chance.

56. Which of the following is an example of analytical epidemiology?
(A) A study comparing the lung cancer risk between smokers and non-smokers.

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36. The branch of statistics concerned with methods for collecting, organizing, summarizing, and presenting data is:
(A) Inferential statistics
(B) Probability theory
(C) Biostatistics
(D) Descriptive statistics

37. A researcher uses the results from a sample of 100 students to make conclusions about the entire student population of a university. This is an example of using:
(A) Descriptive statistics
(B) Data visualization
(C) Inferential statistics
(D) Sample size estimation

38. Blood type (A, B, AB, O) is an example of which type of data?
(A) Ordinal
(B) Nominal
(C) Interval
(D) Ratio

39. The variable 'level of education' (High School, Bachelor's, Master's, PhD) is classified as what type of data?
(A) Nominal
(B) Interval
(C) Ratio
(D) Ordinal

40. Consider the following statements about data types:
1. Ratio data has a true zero point.
2. Interval data has ordered categories of equal spacing.
3. Nominal data can be meaningfully ranked.
4. Ordinal data represents categories with a natural order.

Which of the above statement(s) is/are correct?
(A) 1, 2, and 3 only
(B) 1, 3, and 4 only
(C) 1, 2, and 4 only
(D) 2, 3, and 4 only

41. Which of the following is a primary data source for public health?
(A) A published report from the World Health Organization.
(B) A review article summarizing multiple studies.
(C) Data collected by a researcher through a community survey.
(D) A census report from a government website.

42. Read the following statements regarding data sources and select the correct option.
Statement I : Hospital discharge records are a source of secondary data for public health research.
Statement II : Primary data is data that has been collected by someone else for a different purpose.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

43. Which sampling technique gives every member of the population an equal and independent chance of being selected?
(A) Convenience sampling
(B) Quota sampling
(C) Purposive sampling
(D) Simple random sampling

44. A researcher divides a population into strata (e.g., age groups) and then takes a random sample from each stratum. This sampling method is called:
(A) Cluster sampling
(B) Stratified random sampling
(C) Systematic sampling
(D) Snowball sampling

45. Consider the following reasons for using sampling in research:
1. It is less costly than studying the entire population.
2. It is less time-consuming than studying the entire population.
3. It can sometimes be more accurate than a census.
4. It is the only feasible method when the population is infinite.
5. It ensures the results are always perfectly representative of the population.

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(C) Pandemic
(D) Sporadic

67. An epidemic affecting a large number of people across many countries and continents is known as a:
(A) Hyperendemic
(B) Propagated epidemic
(C) Pandemic
(D) Outbreak

68. Read the following statements regarding variables and select the correct option.
Statement I : A continuous variable can take any value within a given range.
Statement II : The number of children in a family is a continuous variable.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

69. Which of the following data presentation methods is most appropriate for showing the relationship between two continuous variables, such as height and weight?
(A) Bar chart
(B) Pie chart
(C) Scatter plot
(D) Box plot

70. Match the study designs (P-S) with their primary applications (1-4):
P. Case-Control Study
Q. Cohort Study
R. Cross-Sectional Study
S. Randomized Controlled Trial
1. Measures prevalence at one point in time
2. Tests the efficacy of an intervention
3. Compares past exposures in people with and without a disease
4. Follows a group over time to measure incidence
(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-1, Q-2, R-3, S-4
(D) P-3, Q-1, R-4, S-2

71. In a normal distribution, what percentage of the data lies within one standard deviation of the mean?
(A) Approximately 50%
(B) Approximately 95%
(C) Approximately 99.7%
(D) Approximately 68%

72. Increasing the sample size of a study generally has what effect?
(A) It reduces the width of the confidence interval for a parameter estimate.
(B) It increases the likelihood of selection bias.
(C) It decreases the statistical power of the study.
(D) It increases the p-value for a given effect size.

73. The probability of correctly rejecting a false null hypothesis is known as:
(A) The p-value
(B) Alpha (α)
(C) Power ($1-\beta$)
(D) Beta (β)

74. A confidence interval provides:
(A) A range of values that is likely to contain the true population parameter.
(B) The exact value of the population parameter.
(C) A determination of whether a result is statistically significant.
(D) The probability that the null hypothesis is false.

75. Consider the following features of an experimental study design:
1. Manipulation of the exposure/intervention.
2. Presence of a control group.
3. Random assignment of subjects to groups.
4. Observation of subjects in their natural setting without intervention.
5. Retrospective data collection.
Which of the above statement(s) is/are correct?
(A) 1, 2, and 3
(B) 1, 4, and 5
(C) 2, 3, and 4
(D) 3, 4, and 5

76. "The occurrence in a community or region of cases of an illness... clearly in excess of normal expectancy" is the definition of:

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(B) The unit of observation is a group, such as a city or country.
(C) It always involves studying environmental exposures.
(D) It is a type of experimental study.

98. The major limitation of an ecological study is:
(A) The inability to link exposure and disease in individuals, leading to the ecological fallacy.
(B) The high cost and long duration.
(C) The difficulty in recruiting participants.
(D) The ethical concerns with randomization.

99. In a prospective cohort study, participants are initially classified based on:
(A) Their disease status.
(B) Their age and gender.
(C) Their exposure status.
(D) Random assignment.

100. Consider the following statements about case-control studies:
1. They are relatively quick and inexpensive.
2. They are well-suited for studying diseases with long latency periods.
3. They are not efficient for studying rare exposures.
4. They calculate incidence rates directly.
5. They are prone to recall bias.

Which of the above statement(s) is/are correct?
(A) 1, 2, 3, and 4
(B) 1, 2, 3, and 5
(C) 1, 2, 4, and 5
(D) 2, 3, 4, and 5

101. Which of the following is an example of active, sentinel surveillance?
(A) All hospitals in a state are required to report cases of measles.
(B) A health department analyzes death certificates to monitor trends in cancer mortality.
(C) A network of selected, large clinics is required to report weekly data on influenza-like illness.
(D) A researcher calls all participants in a study to ask about their health status.

102. An index case in an epidemic investigation is:
(A) The first case to be reported to health authorities.
(B) The first case to be discovered or identified in the outbreak.
(C) Any person who has been diagnosed with the disease.
(D) A case that occurs late in the epidemic.

103. If a screening test has 100% sensitivity, it means that:
(A) All people who test positive have the disease.
(B) All people who test negative do not have the disease.
(C) The test has no false positives.
(D) All people with the disease will test positive.

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104. Read the following statements regarding epidemiological bias and select the correct option.
Statement I : Confounding is a type of bias that can be eliminated during data analysis through stratification.
Statement II : Selection bias is best controlled for during the design and conduct phase of a study.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

105. Arrange the following study designs in ascending order of their ability to control for confounding:
1. Cross-sectional study
2. Case-control study
3. Cohort study
4. Randomized controlled trial

(A) 1, 2, 3, 4
(B) 2, 1, 3, 4
(C) 1, 3, 2, 4
(D) 4, 3, 2, 1

106. A variable that is a characteristic of the population being studied and is used to group or categorize the data is known as a:
(A) Qualitative variable
(B) Test statistic
(C) Parameter
(D) P-value

(B) A patient interview conducted by a researcher.
(C) Blood samples collected for a specific research question.
(D) A national census dataset.

88. If a researcher selects every 10th person from a list of patients, what type of sampling is being used?
(A) Systematic sampling
(B) Simple random sampling
(C) Stratified sampling
(D) Cluster sampling

89. What is the most important factor that must be estimated or specified to calculate the required sample size for a study?
(A) The study budget
(B) The number of researchers available
(C) The expected variability of the outcome measure
(D) The duration of the study

90. Read the following assertion and reason statements regarding sample size and select the correct option.
Assertion (A) : A larger sample size generally leads to a more precise estimate of a population parameter.
Reason (R) : Larger samples are less affected by random sampling error, resulting in narrower confidence intervals.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

91. A Chi-square (χ^2) test is used to:
(A) Compare the means of two groups.
(B) Compare the means of three or more groups.
(C) Examine the relationship between two continuous variables.
(D) Assess the association between two categorical variables.

92. A box plot is a useful way to graphically represent:
(A) The correlation between two variables.
(B) The median, quartiles, and range of a dataset.
(C) The proportion of different categories.
(D) The frequency of values in a dataset.

93. What does it mean if the 95% confidence interval for an odds ratio includes the value 1.0?
(A) The result is highly statistically significant.
(B) The association is strong and clinically important.
(C) The observed association could be due to chance.
(D) The sample size was too small.

94. The 'denominator' in the calculation of an incidence rate is:
(A) The total number of cases observed.
(B) The total mid-year population.
(C) The total number of deaths from the disease.
(D) The total person-time at risk.

95. Match the bias types (P-S) with their descriptions (1-4):
P. Recall bias
Q. Selection bias
R. Interviewer bias
S. Confounding
1. A third factor is related to both exposure and outcome.
2. Systematic difference in soliciting or interpreting information.
3. Groups being compared are systematically different.
4. Differential memory of past events between cases and controls.
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-4, Q-2, R-3, S-1
(D) P-3, Q-4, R-1, S-2

96. Which of the following is a primary goal of epidemiology?
(A) To provide a diagnosis for an individual patient.
(B) To provide evidence for preventing and controlling disease in populations.
(C) To perform complex laboratory experiments on pathogens.
(D) To manage the budget of a hospital.

97. An ecological study is one in which:
(A) The unit of observation is the individual.

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(B) A survey determining the prevalence of smoking in a city.
(C) A report summarizing the number of flu cases by county.
(D) Mapping the geographical distribution of malaria cases.

57. The 'epidemiologic triad' of disease causation refers to the interaction between:
(A) Person, place, and time
(B) Incidence, prevalence, and mortality
(C) Agent, host, and environment
(D) Descriptive, analytical, and experimental studies

58. Which of the following measures represents the risk of developing a disease over a specified period?
(A) Cumulative Incidence
(B) Point Prevalence
(C) Period Prevalence
(D) Odds Ratio

59. If the incidence rate of a stable chronic disease remains constant, but effective new treatments are developed that prolong the lives of those with the disease, what is the most likely impact on prevalence?
(A) Prevalence will decrease.
(B) Prevalence will remain constant.
(C) Prevalence will become equal to incidence.
(D) Prevalence will increase.

60. Read the following assertion and reason statements regarding cross-sectional studies and select the correct option.
Assertion (A) : Cross-sectional studies are not suitable for establishing a clear temporal relationship between exposure and disease.
Reason (R) : In a cross-sectional study, both exposure and disease are measured at the same point in time.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

61. Which measure of association is typically calculated in a case-control study?
(A) Relative Risk (Risk Ratio)
(B) Attributable Risk
(C) Odds Ratio
(D) Prevalence Ratio

62. The ability of a screening test to correctly identify those who do NOT have the disease is called:
(A) Sensitivity
(B) Reliability
(C) Validity
(D) Specificity

63. Which of the following is NOT a type of bias in epidemiological studies?
(A) Randomization
(B) Selection bias
(C) Information bias
(D) Confounding bias

64. What is the main objective of randomization in a clinical trial?
(A) To ensure that participants do not know which treatment they are receiving.
(B) To make the groups comparable with respect to both known and unknown prognostic factors.
(C) To make the study results easier to analyze statistically.
(D) To ensure that the study is ethical.

65. Consider the following characteristics of public health surveillance systems:
1. They are ongoing and systematic.
2. They are primarily used for research and hypothesis generation only.
3. They are used for planning, implementing, and evaluating public health programs.
4. Their primary purpose is to diagnose and treat individual patients.

Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 2 and 4 only
(C) 1, 2, and 3 only
(D) All of the above

66. A disease that is constantly present in a geographic area at a low to moderate level is described as:
(A) Endemic
(B) Epidemic

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107. Which of the following is an example of a discrete quantitative variable?
(A) Height in centimeters
(B) Weight in kilograms
(C) Body temperature in degrees Celsius
(D) Number of hospital admissions

108. A list of all individuals in a population from which a sample is drawn is called a:
(A) Study population
(B) Sampling frame
(C) Target population
(D) Sample

109. In which sampling method does the researcher divide the population into groups (clusters), randomly select some of these clusters, and then survey all individuals within the selected clusters?
(A) Stratified sampling
(B) Simple random sampling
(C) Cluster sampling
(D) Systematic sampling

110. Which of the following is the most appropriate measure of central tendency for data that is highly skewed?
(A) Mean
(B) Mode
(C) Range
(D) Median

111. The standard deviation is a measure of:
(A) The spread or dispersion of data around the mean.
(B) The central location of the data.
(C) The association between two variables.
(D) The statistical significance of the results.

112. A "Type II error" in hypothesis testing is:
(A) Rejecting a true null hypothesis.
(B) Failing to reject a false null hypothesis.
(C) Rejecting a false null hypothesis.
(D) Failing to reject a true null hypothesis.

113. An ANOVA (Analysis of Variance) is a statistical test used to:
(A) Compare the means of two independent groups.
(B) Compare the means of three or more groups.
(C) Compare the proportions of two categorical variables.
(D) Assess the linear relationship between two continuous variables.

114. The process of summarizing and organizing data to describe its main features is called:
(A) Data analysis
(B) Data presentation
(C) Data interpretation
(D) Data collection

115. Consider the following statements about the 'uses of epidemiology':
1. To diagnose diseases in individual patients.
2. To study the natural history and prognosis of disease.
3. To evaluate both existing and newly developed preventive and therapeutic measures.
4. To provide the foundation for developing public policy.

Which of the above statement(s) is/are correct?
(A) 1, 2, and 3 only
(B) 1, 3, and 4 only
(C) 2, 3, and 4 only
(D) 1, 2, and 4 only

116. If the odds ratio for an association between an exposure and a disease is calculated to be 3.0, it means:
(A) The risk of disease is exactly three times higher in exposed groups than in unexposed groups.
(B) The measured prevalence of the disease is approximately three percent within the exposed group.
(C) The specific exposure causes the disease in three out of every one hundred identified cases.
(D) The odds of exposure among the diseased are three times the odds among the non-diseased.

117. An 'attack rate' is a form of which other epidemiological measure, typically used during outbreaks?
(A) Prevalence
(B) Mortality rate
(C) Incidence (specifically, cumulative incidence)
(D) Odds ratio

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118. The main advantage of a prospective cohort study over a retrospective cohort study is:
(A) It is less expensive and faster to complete.
(B) Exposure information is collected before the outcome occurs, reducing recall bias.
(C) It is better suited for studying rare diseases.
(D) It requires a smaller sample size.

119. A study in which neither the participants nor the investigators know who is receiving the active treatment is called:
(A) A single-blind study
(B) An open-label study
(C) A crossover study
(D) A double-blind study

120. Read the following assertion and reason statements regarding sentinel surveillance and select the correct option.
Assertion (A) : Sentinel surveillance can provide more detailed and higher quality data than passive surveillance.
Reason (R) : It involves a limited number of carefully selected reporting sites, which allows for more focused resources and training.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

121. The period between exposure to an infectious agent and the onset of clinical symptoms is known as the:
(A) Latent period
(B) Generation time
(C) Incubation period
(D) Communicable period

122. In a study, 100 subjects with lung cancer (cases) and 100 subjects without lung cancer (controls) were asked about their smoking history. This is an example of a:
(A) Case-control study
(B) Cross-sectional study
(C) Prospective cohort study
(D) Randomized controlled trial

123. If a new diagnostic test is developed that can detect a chronic disease 2 years earlier than the previous test, but the new test does not change the course of the disease, what will be the effect on observed incidence and prevalence?
(A) Incidence will increase, prevalence will decrease.
(B) Both incidence and prevalence will increase.
(C) Both incidence and prevalence will remain the same.
(D) Incidence will remain the same, prevalence will increase.

124. The term 'validity' of a study refers to:
(A) The degree to which the study's findings can be generalized to other populations.
(B) The degree to which the study's results are free from systematic error or bias.
(C) The precision of the measurements used in the study.
(D) The statistical power of the study to detect an effect.

125. Which of the following are potential sources of data for public health?
1. Disease registries.
2. Vital statistics records (births, deaths).
3. Physician surveys.
4. Hospital discharge data.
5. Environmental monitoring data.

Which of the above statement(s) is/are correct?
(A) 1, 2, and 3 only
(B) 1, 2, 4, and 5 only
(C) 3, 4, and 5 only
(D) All of the above

126. A sampling method where you ask initial subjects to recruit other subjects for the study is called:
(A) Quota sampling
(B) Purposive sampling
(C) Convenience sampling
(D) Snowball sampling

127. The power of a statistical test is the probability of:
(A) Correctly rejecting a false null hypothesis.
(B) Making a Type I error.
(C) Making a Type II error.
(D) Correctly failing to reject a true null hypothesis.

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128. In the formula for sensitivity, what is the denominator?
(A) True positives + False positives (All who tested positive)
(B) True positives + False negatives (All diseased)
(C) True negatives + False positives (All non-diseased)
(D) Total number of subjects

129. Which of the following is NOT a criterion for a good screening program?
(A) The disease should be an important health problem.
(B) The screening test must be 100% accurate.
(C) There should be an effective treatment available for the disease.
(D) The natural history of the disease should be well understood.

130. Match the epidemiological concepts (P-S) with their geographic levels (1-4):
P. Endemic
Q. Epidemic
R. Pandemic
S. Outbreak
1. Worldwide or very widespread
2. Localized, smaller scale than an epidemic
3. The usual, expected level of disease in an area
4. Occurrence clearly in excess of normal expectancy
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-3, Q-1, R-4, S-2
(D) P-4, Q-3, R-2, S-1

131. The primary difference between probability and non-probability sampling is:
(A) The sample size.
(B) The cost of the sampling method.
(C) The use of randomization in selection.
(D) The type of data being collected.

132. In a propagated source epidemic, the epidemic curve typically shows:
(A) A single, sharp peak.
(B) A flat line.
(C) A random, unpredictable pattern.
(D) A series of progressively taller peaks.

133. Read the following statements regarding public health surveillance and select the correct option.
Statement I : Public health surveillance is a one-time data collection activity.
Statement II : The main purpose of surveillance is to provide data for action.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

134. Which of the following is a key advantage of a case-control study?
(A) It can establish temporality with certainty.
(B) It is efficient for studying diseases with long latency periods.
(C) It is free from recall bias.
(D) It can be used to calculate disease incidence directly.

135. Which of the following is the most important step in controlling for confounding in the design phase of a study?
(A) Blinding
(B) Increasing the sample size
(C) Using a valid measurement tool
(D) Randomization

136. The 'denominator problem' in epidemiology refers to the difficulty in:
(A) Defining the population at risk (denominator) to calculate rates.
(B) Accurately counting the number of cases (numerator).
(C) Finding a statistically significant result.
(D) Choosing the correct statistical test.

137. Which of the following is a measure of dispersion in a dataset?
(A) Mean
(B) Median
(C) Interquartile range
(D) Mode

138. If the relative risk (RR) for an association is 1.0, this implies:
(A) There is no association between the

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159. Read the following statements regarding biostatistics and select the correct option.
Statement I : The purpose of biostatistics is to apply statistical methods to biological and health-related problems.
Statement II : Inferential statistics allows researchers to draw conclusions about a population based on sample data.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

160. Which of the following is an example of ordinal data?
(A) Country of birth
(B) Pain scale rated as mild, moderate, or severe
(C) Eye color
(D) Blood glucose level in mg/dL

161. A researcher wants to study the health effects of a rare chemical exposure among factory workers. The most efficient study design to use would be a:
(A) Cross-sectional study
(B) Retrospective cohort study
(C) Case-control study
(D) Randomized controlled trial

162. All of the following are examples of non-probability sampling techniques EXCEPT:
(A) Stratified random sampling
(B) Convenience sampling
(C) Quota sampling
(D) Purposive sampling

163. A 95% confidence interval for the mean is calculated to be (20.5, 30.5). Which of the following statements is the best interpretation of this interval?
(A) There is a 95% probability that the true population mean is between 20.5 and 30.5.
(B) 95% of the sample data falls between 20.5 and 30.5.
(C) We are 95% confident that the interval (20.5, 30.5) contains the true population mean.
(D) There is a 5% chance that the study is wrong.

164. What is the most appropriate graphical display for comparing the prevalence of a disease across five different countries?
(A) A pie chart
(B) A histogram
(C) A scatter plot
(D) A bar chart

165. Match the statistical tests (P-S) with their applications (1-4):
P. Independent t-test
Q. Paired t-test
R. Chi-square test
S. ANOVA
1. Compares means of a continuous variable in three or more groups
2. Compares means of a continuous variable in two related/matched groups
3. Compares proportions of a categorical variable in two or more groups
4. Compares means of a continuous variable in two independent groups
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-4, Q-2, R-3, S-1
(D) P-3, Q-4, R-1, S-2

166. A "case definition" in an epidemic investigation should be:
(A) Broad enough to include all possible cases.
(B) A set of uniform criteria for determining whether a person has the disease or condition.
(C) A standard clinical diagnosis that is difficult to apply in the field.
(D) Used only for laboratory-confirmed cases.

167. An odds ratio of 1.0 implies:
(A) The exposure is a significant risk factor.
(B) The exposure is protective.
(C) The study design was flawed.
(D) The odds of exposure are the same for cases and controls.

168. The relationship Prevalence = Incidence × Duration of disease holds true under which condition?
(A) The population is in a steady state (stable incidence and duration).
(B) The disease is highly fatal.
(C) The disease is rare.

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(D) The exposure is associated with a 30% reduction in risk.

149. The ability of a research study to produce the same results if it were to be repeated is known as:
(A) Validity
(B) Generalizability
(C) Reliability (or precision)
(D) Significance

150. Arrange the following steps for a hypothesis test in the correct chronological order:
1. State the null and alternative hypotheses.
2. Set the level of significance (alpha).
3. Calculate the test statistic.
4. Make a statistical decision.
5. Collect the data.

(A) 1, 2, 5, 3, 4
(B) 1, 5, 2, 3, 4
(C) 5, 1, 2, 3, 4
(D) 2, 1, 5, 4, 3

151. Which of the following would NOT be considered a primary data source for a public health study?
(A) Conducting a telephone survey of residents.
(B) Collecting saliva samples for genetic analysis.
(C) Administering a questionnaire to a group of factory workers.
(D) Reviewing and analyzing existing medical records from a hospital.

152. In a double-blind randomized clinical trial, who is blinded to the treatment assignment?
(A) Both the participant and the investigator
(B) Only the participant
(C) Only the investigator
(D) The statistician analyzing the data

153. A test to screen for a disease is positive in 90 out of 100 people known to have the disease, and negative in 85 out of 100 people known to be free of the disease. The specificity of this test is:
(A) 90%
(B) 100%
(C) 85%
(D) 15%

154. An epidemiologist is studying the incidence of a disease in a factory. They calculate the number of new cases and divide it by the total person-years of observation for all workers. This measure is an example of:
(A) Incidence density rate
(B) Cumulative incidence
(C) Point prevalence
(D) Attack rate

155. Consider the following conditions for a variable to be a confounder:
1. It must be associated with the exposure.
2. It must be a risk factor for the outcome.
3. It must not be on the causal pathway between the exposure and outcome.
4. It must be a form of bias.
5. It must be controlled by randomization.

Which of the above statement(s) is/are correct?
(A) 1, 2, and 3
(B) 1, 2, and 4
(C) 2, 3, and 5
(D) 1, 3, and 5

156. The Hawthorne effect occurs when:
(A) Investigators subconsciously distort their measurements.
(B) Study participants alter their behavior because they are aware of being observed.
(C) Cases remember past exposures differently than controls.
(D) An inert substance produces a therapeutic effect.

157. What is the primary characteristic of a common point source epidemic curve?
(A) It has a series of progressively larger peaks.
(B) It shows a gradual increase and then a gradual decrease.
(C) It has a sharp, single peak representing a cluster of cases over a short time.
(D) It remains flat over a long period.

158. Which of the following is a strength of cohort studies?
(A) They are inexpensive and quick to conduct.
(B) They are ideal for studying rare diseases.
(C) They are not subject to loss to follow-up.
(D) They allow for the direct calculation of incidence rates and relative risk.

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exposure and the disease.
(B) The exposure is a strong risk factor for the disease.
(C) The exposure is protective against the disease.
(D) The study results are invalid.

139. A screening test for a certain disease is applied to a population. The prevalence of the disease is very low. In this scenario, what can be said about the predictive value positive (PVP)?
(A) The PVP will be very high.
(B) The PVP will be equal to the sensitivity.
(C) The PVP is not affected by prevalence.
(D) The PVP will be low, even with a good test.

140. Which of the following activities are part of an epidemic investigation?
1. Verify the diagnosis of reported cases.
2. Confirm the existence of an epidemic.
3. Identify and count cases.
4. Implement immediate control measures.

Which of the above statement(s) is/are correct?
(A) 1 and 3 only
(B) 1, 2, and 3 only
(C) 2, 3, and 4 only
(D) All of the above

141. A public health officer collects data on the number of new COVID-19 cases and the number of deaths among those cases each day. The number of new cases is a measure of _____, while the proportion of cases that result in death is the _____.
(A) prevalence; mortality rate
(B) prevalence; attack rate
(C) incidence; case-fatality rate
(D) incidence; mortality rate

142. A variable that has a potentially infinite number of possible values along a continuum is a:
(A) Discrete variable
(B) Categorical variable
(C) Nominal variable
(D) Continuous variable

143. Which of the following is the primary purpose of estimating a sample size before conducting a study?
(A) To ensure the study has adequate statistical power to detect a meaningful effect.
(B) To ensure the study can be completed within budget.
(C) To simplify the data analysis process.
(D) To meet the requirements of journal editors.

144. In a positively skewed distribution, the relationship between the mean, median, and mode is typically:
(A) Mean < Median < Mode
(B) Mean > Median > Mode
(C) Mean = Median = Mode
(D) Mean < Mode < Median

145. Read the following assertion and reason statements regarding the odds ratio and select the correct option.
Assertion (A) : The odds ratio from a case-control study can be a good approximation of the relative risk.
Reason (R) : This approximation is valid when the disease being studied is rare in the population.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

146. A scatter plot is a graphical tool used to display the relationship between:
(A) Two continuous variables
(B) Two categorical variables
(C) A categorical and a continuous variable
(D) A single variable over time

147. What is the key characteristic of analytical epidemiology that distinguishes it from descriptive epidemiology?
(A) Its use of statistical methods.
(B) Its focus on person, place, and time.
(C) Its use of an explicit comparison group.
(D) Its focus on generating hypotheses.

148. A relative risk of 0.7 indicates that:
(A) The exposure is associated with a 70% increase in risk.
(B) The exposure is associated with a 30% increase in risk.
(C) The exposure is associated with a 70% reduction in risk.

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(D) The study is a cross-sectional design.

169. What is the main limitation of using a cross-sectional study for causal inference?
(A) They are very expensive.
(B) They are subject to recall bias.
(C) They do not establish temporality (cause preceding effect).
(D) They are only suitable for rare diseases.

170. Consider the following study designs:
1. Cohort study
2. Randomized controlled trial
3. Case-control study
4. Cross-sectional study

Which of the above statement(s) is/are correct in identifying observational study designs?
(A) 1 and 3 only
(B) 1, 3, and 4 only
(C) 2, 3, and 4 only
(D) All of the above

171. Which of the following is a primary goal of screening?
(A) To diagnose a disease in a symptomatic individual.
(B) To establish the prevalence of a disease in a population.
(C) To provide definitive treatment for a disease.
(D) To detect a disease in its early, asymptomatic stage.

172. The difference in the rate of disease between an exposed group and an unexposed group (e.g., Risk(exposed) - Risk(unexposed)) is known as the:
(A) Relative risk
(B) Attributable risk (or Risk Difference)
(C) Odds ratio
(D) Population attributable risk

173. What is the name for the bias that occurs when systematic differences in the methods of data collection exist between study groups?
(A) Selection bias
(B) Confounding
(C) Information bias (Observational bias)
(D) Lead-time bias

174. Which of the following is the most effective method for controlling known and unknown confounders in an epidemiological study?
(A) Matching
(B) Stratification
(C) Restriction
(D) Randomization

175. Read the following assertion and reason statements regarding public health surveillance and select the correct option.
Assertion (A) : Public health surveillance is a critical component of public health practice.
Reason (R) : It provides the necessary information for setting priorities, planning interventions, and evaluating public health programs.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

176. Which of the following best describes the term 'biostatistics'?
(A) The study of statistics in agricultural science.
(B) The application of statistical reasoning and methods to subjects in biology, medicine, and public health.
(C) The use of statistics to create biological life.
(D) The study of population vital statistics like birth and death rates only.

177. A dataset containing the weight of newborns in kilograms would be classified as what type of data?
(A) Nominal
(B) Ratio
(C) Ordinal
(D) Interval

178. What is the fundamental difference between interval and ratio data?
(A) Ratio data has a meaningful, absolute zero point, whereas interval data does not.
(B) Interval data is continuous, while ratio data is discrete.
(C) Interval data can be ranked, while ratio data cannot.

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(C) All causal relationships will show a statistical association.
(D) A causal relationship can exist without any statistical association.

198. An odds ratio significantly less than 1.0 suggests that the exposure is:
(A) A risk factor
(B) A protective factor
(C) Not associated with the outcome
(D) A confounder

199. What does the 'validity' of a diagnostic or screening test refer to?
(A) Its ability to give the same result on repeated testing (repeatability).
(B) Its cost-effectiveness and ease of use.
(C) Its acceptance by the medical community.
(D) Its ability to correctly distinguish between those with and without the disease.

200. Consider the following key aspects of an epidemic investigation:
1. Developing a case definition.
2. Constructing an epidemic curve.
3. Creating a line listing of cases.
4. Performing a case-control study to test hypotheses.

Which of the above are primarily part of the descriptive epidemiology phase of the investigation?
(A) 1, 2, and 3 only
(B) 1 and 4 only
(C) 2, 3, and 4 only
(D) 4 only

201. Which of the following is a fundamental characteristic of quantitative data?
(A) It is described by categories or labels.
(B) It is always derived from a primary source.
(C) It is measured and expressed numerically.
(D) It is best displayed in a pie chart.

202. The total number of new and existing cases of a disease in a population over a specific period divided by the average population during that period is the:
(A) Period prevalence
(B) Point prevalence
(C) Cumulative incidence
(D) Incidence density

203. Which bias occurs when early diagnosis through screening makes it appear that survival time has been lengthened, but the death from the disease is not actually delayed?
(A) Recall bias
(B) Selection bias
(C) Length-time bias
(D) Lead-time bias

204. In a normal distribution curve, the mean, median, and mode are:
(A) Located at different points.
(B) Located at the same point.
(C) Skewed to the right.
(D) Skewed to the left.

205. Consider the following characteristics of a cohort study:
1. It is a type of analytical study.
2. It can be used to study multiple outcomes from a single exposure.
3. It can be used to calculate incidence rates.
4. It is not suitable for studying rare exposures.

(A) 1, 2, and 3 only
(B) 1, 3, and 4 only
(C) 2 and 4 only
(D) All of the above

206. In the context of causation, the 'strength of association' criterion suggests that:
(A) A small, statistically insignificant association is likely causal.
(B) The association must be present in every study.
(C) The exposure must always precede the outcome.
(D) A large relative risk or odds ratio makes a causal relationship more plausible.

207. A case-control study is often described as being:
(A) Retrospective
(B) Prospective
(C) Longitudinal
(D) Experimental

208. Read the following statements regarding surveillance and select the correct option.
Statement I : Passive surveillance is generally less expensive but may be incomplete.
Statement II : Active surveillance is more likely to identify all cases but is resource-intensive.

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188. Lead-time bias in screening programs refers to:
(A) The bias from screening volunteers being healthier than the general population.
(B) The bias from early detection making it seem like survival is longer, even if the course of the disease is not changed.
(C) The bias from over-diagnosing slow-growing, non-lethal conditions.
(D) The bias from cases having better recall of past exposures.

189. Which of the following is an example of a propagated source epidemic?
(A) An outbreak of gastroenteritis among people who ate at the same banquet.
(B) An outbreak of leukemia among residents near a chemical plant.
(C) An outbreak of measles in a school.
(D) An increase in asthma cases due to an air pollution event.

190. Read the following assertion and reason statements regarding case-control studies and select the correct option.
Assertion (A) : A case-control study is an efficient design for studying rare diseases.
Reason (R) : It starts by identifying individuals who already have the disease (cases) rather than waiting for the disease to occur in a large cohort.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

191. A variable in a statistical model that is predicted or explained is called the:
(A) Dependent variable
(B) Independent variable
(C) Confounding variable
(D) Control variable

192. Which of the following is a key component of public health data sources?
(A) Ensuring data is only used for academic publication.
(B) Maintaining confidentiality and privacy of individuals.
(C) Collecting data only from sick individuals.
(D) Limiting data access to government officials only.

193. The level of significance (alpha) in a hypothesis test is the probability of:
(A) Accepting the null hypothesis when it is false.
(B) Rejecting the null hypothesis when it is true.
(C) Correctly rejecting the null hypothesis.
(D) Correctly accepting the null hypothesis.

194. A research team wants to ensure their sample reflects the population's proportions of age, gender, and race. They recruit participants using a non-random method until specified targets are filled. This is:
(A) Quota sampling
(B) Stratified sampling
(C) Cluster sampling
(D) Simple random sampling

195. Match the study features (P-S) with their purposes (1-4):
P. Randomization
Q. Blinding
R. Placebo
S. Control Group
1. To reduce observer and subject bias
2. To serve as a baseline for comparison
3. An inert substance or sham procedure
4. To create comparable groups and control for confounding
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-1, R-3, S-2
(C) P-4, Q-3, R-1, S-2
(D) P-2, Q-1, R-3, S-4

196. The ultimate goal of epidemiology is:
(A) To publish articles in high-impact journals.
(B) To identify determinants of health and disease.
(C) To accurately count the number of cases of a disease.
(D) To prevent, control, and treat disease in populations.

197. Which of the following statements about association and causation is correct?
(A) Association is sufficient to prove causation.
(B) If there is no association, there cannot be a causal relationship.

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218. The number of new cases of a disease in a population over a specific time period is the definition of:
(A) Incidence
(B) Prevalence
(C) Mortality
(D) Morbidity

219. Which of the following is a major limitation of randomized controlled trials?
(A) They are not good at establishing causality.
(B) They are highly susceptible to recall bias.
(C) They cannot control for confounding factors.
(D) They can have ethical concerns and may not be generalizable to the real world.

220. Read the following assertion and reason statements regarding ecological studies and select the correct option.
Assertion (A) : Ecological studies are useful for generating hypotheses but cannot be used to draw causal conclusions about individuals.
Reason (R) : The ecological fallacy occurs when one incorrectly assumes that associations seen at the group level also hold true at the individual level.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

221. Which measure of central tendency is most affected by extreme values (outliers)?
(A) Median
(B) Mode
(C) Mean
(D) Interquartile range

222. The main purpose of stratification in the analysis phase of a study is to:
(A) Increase the sample size.
(B) Randomize participants to different groups.
(C) Blind the investigators to the results.
(D) Evaluate and control for confounding.

223. The 'causal pie' model of causation suggests that:
(A) A disease results from the completion of a sufficient cause, which may be composed of multiple component causes.
(B) Every disease has a single, necessary cause.
(C) Association is the same as causation.
(D) All causes are equally important and can be easily identified.

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224. Which of the following is NOT a type of data used in epidemiology?
(A) Nominal
(B) Intuitive
(C) Ordinal
(D) Ratio

225. Which of the following is a limitation of a case-control study?
(A) It is not suitable for studying rare diseases.
(B) It is prone to selection and recall bias.
(C) It is time-consuming and expensive.
(D) It can directly measure the risk of disease.

226. To be considered valid, a screening test must have an acceptable degree of:
(A) Sensitivity and specificity
(B) Popularity and media coverage
(C) Low cost and high speed
(D) Marketability and profitability

227. A study that starts with a group of people who have a disease and a group without the disease and looks back in time to compare their past exposures is a:
(A) Prospective cohort study
(B) Clinical trial
(C) Case-control study
(D) Cross-sectional study

228. In the investigation of an epidemic, creating a spot map is useful for:
(A) Analyzing the outbreak by time.
(B) Analyzing the outbreak by personal characteristics.
(C) Identifying the specific causative agent.
(D) Analyzing the outbreak by place or geographic location.

229. Read the following statements regarding statistical interpretation and select the correct option.
Statement I : A p-value of 0.50 indicates a strong association.

(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

209. A test with a high negative predictive value (NPV) is one where:
(A) A positive result is very likely to be a true positive.
(B) A negative result is very likely to be a true negative.
(C) The test has high sensitivity.
(D) The test has high specificity.

210. Which of the following statements about data, information, and knowledge is in the correct hierarchical order?
(A) Data is analyzed and interpreted to become information, which is used to build knowledge.
(B) Data is analyzed to become knowledge, which is interpreted to become information.
(C) Information is analyzed to become data, which is interpreted to become knowledge.
(D) Knowledge is the raw material, which is processed into data and then information.

211. Which of the following would be an appropriate use for a chi-square test?
(A) Comparing the average blood pressure between a treatment and a control group.
(B) Correlating height and weight in a sample of children.
(C) Examining the relationship between smoking status and lung cancer status.
(D) Comparing the mean test scores of students from three different schools.

212. What does 'person-time' in an incidence rate calculation represent?
(A) The total number of people in the study.
(B) The average age of the participants.
(C) The duration of the study in years.
(D) The total time all participants were at risk of the outcome.

213. The purpose of a line listing in an outbreak investigation is to:
(A) Graphically display the timeline of the outbreak.
(B) Chart the geographic location of cases.
(C) Create a detailed table of information for each case.
(D) Calculate the attack rate.

214. Which of the following study designs is least susceptible to recall bias?
(A) Case-control study
(B) Prospective cohort study
(C) Retrospective cohort study
(D) Cross-sectional survey on past events

215. Consider the following features for a valid diagnostic or screening test:
1. High sensitivity
2. High specificity
3. High reliability (precision)
4. High cost
5. Low acceptability to patients

Which of the above statement(s) is/are correct?
(A) 1 and 2 only
(B) 1, 2, and 3
(C) 1, 2, 4, and 5
(D) 3, 4, and 5

216. A researcher finds a strong association between carrying a lighter and developing lung cancer. The researcher fails to consider that smokers are more likely to carry lighters and also more likely to develop lung cancer. This is an example of:
(A) A confounded relationship
(B) A causal relationship
(C) A random error
(D) An effect modification

217. In which of the following scenarios would you use a paired t-test?
(A) Comparing the average height of men and women.
(B) Comparing the proportion of smokers in two different cities.
(C) Comparing blood pressure before and after a medication in the same group of patients.
(D) Comparing the average income among four different ethnic groups.

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(D) Ratio data is qualitative, while interval data is quantitative.

179. A researcher wants to survey a sample of people from a city. They randomly select 50 city blocks and then interview every household in those 50 blocks. This is an example of:
(A) Simple random sampling
(B) Stratified sampling
(C) Cluster sampling
(D) Systematic sampling

180. Arrange the following key historical events in epidemiology in chronological order:
1. John Snow's investigation of cholera in London.
2. Doll and Hill's studies on smoking and lung cancer.
3. Jenner's development of the smallpox vaccine.
4. Identification of HIV as the cause of AIDS.
(A) 3, 1, 2, 4
(B) 1, 3, 2, 4
(C) 3, 2, 1, 4
(D) 1, 2, 3, 4

181. What is the primary problem with using convenience sampling?
(A) It is very expensive and time-consuming.
(B) It requires a complete list of the population.
(C) The sample is unlikely to be representative of the target population.
(D) The statistical analysis is more complex.

182. A study with low statistical power is more likely to:
(A) Commit a Type I error (false positive).
(B) Commit a Type II error (false negative).
(C) Have a very narrow confidence interval.
(D) Find a statistically significant result.

183. Which of the following is the most appropriate way to visually represent the distribution of a single continuous variable?
(A) A pie chart
(B) A bar chart
(C) A scatter plot
(D) A histogram or box plot

184. In the interpretation of data, what is the difference between clinical significance and statistical significance?
(A) Statistical significance refers to the unlikelihood of the result being due to chance, while clinical significance refers to its practical importance for patients or public health.
(B) They are the same concept.
(C) Statistical significance refers to the practical importance of the finding, while clinical significance refers to the unlikelihood of the result being due to chance.
(D) Clinical significance can only be determined by randomized trials.

185. Consider the following statements about epidemiologic study designs:
1. Case-control studies are retrospective in nature.
2. Cohort studies can be either prospective or retrospective.
3. Cross-sectional studies provide a snapshot in time.
4. Experimental studies involve manipulation of an intervention.
5. Ecological studies use individual-level data.
Which of the above statement(s) is/are correct?
(A) 1, 2, 3, and 4
(B) 1, 2, 4, and 5
(C) 1, 3, 4, and 5
(D) 2, 3, 4, and 5

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186. The denominator for calculating a point prevalence rate is:
(A) The total population at that specific point in time.
(B) The person-time of observation.
(C) The number of new cases.
(D) The number of deaths.

187. In a cohort study, the relative risk is calculated as:
(A) The incidence in the unexposed divided by the incidence in the exposed.
(B) The odds of exposure in cases divided by the odds of exposure in controls.
(C) The prevalence in the exposed divided by the prevalence in the unexposed.
(D) The incidence in the exposed divided by the incidence in the unexposed.

Statement II : A confidence interval that includes the null value suggests the finding is not statistically significant.

(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

230. The process of assigning subjects to treatment or control groups in a way that gives each subject an equal chance of being in any group is:
(A) Blinding
(B) Randomization
(C) Matching
(D) Stratification

231. Which of the following is the best description of a Type I error in hypothesis testing?
(A) The 'false negative' conclusion.
(B) Concluding there is no effect when one truly exists.
(C) The 'false positive' conclusion.
(D) Concluding there is an effect when none truly exists.

232. Which of the following is a key characteristic of the 'basic concepts in biostatistics'?
(A) Using numbers to describe biological phenomena and variability.
(B) Focusing solely on theoretical mathematical proofs.
(C) Ignoring the design of studies and focusing only on analysis.
(D) Replacing clinical judgment with algorithms.

233. The 'cause-effect' relationship in epidemiology is best established by which of the following?
(A) A strong personal opinion.
(B) A single case report.
(C) A consistent pattern of evidence from multiple well-designed studies.
(D) A statistically significant p-value from a single cross-sectional study.

234. In a presentation of data, the primary goal is:
(A) To communicate the findings clearly and accurately.
(B) To show as much raw data as possible.
(C) To use complex graphics to impress the audience.
(D) To hide any results that do not support the hypothesis.

235. Arrange the typical steps in a prospective cohort study in chronological order:
1. Identify a population and select a cohort.
2. Classify the cohort based on exposure status.
3. Follow the cohort over time.
4. Measure the incidence of outcomes.
5. Calculate the relative risk.

(A) 1, 2, 3, 4, 5
(B) 2, 1, 3, 4, 5
(C) 1, 3, 2, 4, 5
(D) 5, 4, 3, 2, 1

236. A study finds that the risk of heart disease is 10 per 1,000 person-years in a group of runners and 20 per 1,000 person-years in a group of non-runners. What is the relative risk for non-runners compared to runners?
(A) 0.5
(B) 2.0
(C) 1.0
(D) 10.0

237. Which of the following statements about association and causation is INCORRECT?
(A) A strong association is more likely to be causal than a weak one.
(B) A consistent association across different studies strengthens the evidence for causation.
(C) A statistical association between an exposure and an outcome is sufficient to prove causation.
(D) For a relationship to be causal, the cause must precede the effect in time.

238. In a screening test for disease, 'yield' refers to:
(A) The total number of people screened.
(B) The cost per case detected.
(C) The sensitivity of the test.
(D) The number of previously unrecognized cases detected by the screening program.

239. An epidemic curve is a graph that plots:
(A) The number of cases of a disease against

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time of onset.
(B) The geographic location of cases.
(C) The age and sex distribution of cases.
(D) The attack rate by food item.

240. Match the study designs (P-S) with their units of time (1-4):
P. Clinical Trial
Q. Cohort Study
R. Case-Control Study
S. Cross-Sectional Study
1. Present (Prevalence)
2. Retrospective (Outcome to Exposure)
3. Prospective (Exposure to Outcome)
4. Intervention and Follow-up
(A) P-4, Q-3, R-2, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-2, R-3, S-1
(D) P-3, Q-4, R-1, S-2

241. All of the following are measures of central tendency EXCEPT:
(A) Mean
(B) Standard Deviation
(C) Median
(D) Mode

242. In a case-control study, if the odds ratio for a given exposure is 0.4, it suggests that:
(A) The exposure may be protective against the disease.
(B) The exposure is a risk factor for the disease.
(C) The exposure is not associated with the disease.
(D) The study is biased.

243. The key difference between an experimental study and an observational study is that in an experimental study:
(A) The researcher only observes what happens.
(B) The study is always retrospective.
(C) The researcher controls and manipulates the exposure or intervention.
(D) The sample size is always larger.

244. A health department uses death certificate data to track trends in mortality from heart disease over the past 50 years. This is an example of:
(A) An epidemic investigation
(B) A screening program
(C) A randomized controlled trial
(D) Public health surveillance

245. Read the following assertion and reason statements regarding double-blind studies and select the correct option.
Assertion (A) : In a double-blind study, both the participants and the investigators are unaware of the treatment assignments.
Reason (R) : This procedure is used to minimize information bias arising from the expectations of participants and investigators.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

246. What type of bias might occur if screeners are more likely to diagnose cancer in patients they know have a high-risk exposure?
(A) Recall bias
(B) Observer (interviewer) bias
(C) Selection bias
(D) Lead-time bias

247. A study was conducted to determine the rate of new HIV infections in a city over one year. This rate would be an example of:
(A) Point prevalence
(B) Period prevalence
(C) Case-fatality rate
(D) Incidence

248. A researcher is interested in the average height of adult men in a country. The true average height in the entire population is a _____, while the average height calculated from a sample of 1,000 men is a _____.
(A) parameter; statistic
(B) statistic; parameter
(C) variable; constant
(D) mean; median

249. Which of the following conditions might make a randomized controlled trial unethical or impractical?
(A) When studying a new surgical technique.
(B) When testing a new pharmaceutical drug.
(C) When studying the health effects of a known toxic substance like asbestos.

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(D) When evaluating a new health education program.

250. Consider the following statements about epidemiologic and biostatistical concepts:
1. Epidemiology is the study of disease distribution and determinants.
2. Biostatistics provides the tools for analyzing health data.
3. A cohort study follows individuals from exposure to outcome.
4. The p-value indicates the probability of the results under the null hypothesis.
5. Randomization helps control for confounding in experimental studies.

(A) 1, 2, 3, and 4
(B) 1, 2, 3, and 5
(C) 1, 3, 4, and 5
(D) 2, 3, 4, and 5

Direction : Please read the following source carefully.

Epidemiology serves as the foundational science of public health, systematically studying the distribution and determinants of health-related states or events in specified populations, and applying this study to the control of health problems. The core concept revolves around two fundamental aspects: distribution, which involves analyzing patterns of disease by person, place, and time; and determinants, which encompasses the physical, biological, social, cultural, and behavioral factors that influence health. The uses of epidemiology are extensive and critical for effective public health practice. These include elucidating the etiology or cause of a disease, determining the extent of disease in a community, studying the natural history and prognosis of disease, evaluating both existing and newly developed preventive and therapeutic measures, and providing the foundation for developing public policy regarding disease prevention and health promotion. By quantifying the occurrence of illness and identifying its causes, epidemiology provides the scientific evidence necessary to inform resource allocation, guide interventions, and ultimately improve the health of populations. This systematic approach differentiates it from clinical medicine, which focuses on the individual patient, by shifting the focus to the health of the entire community or population group.

Based on the above source, attempt the following five questions.

251. What is the primary objective of studying the 'distribution' of a disease in epidemiology?
(A) To identify the specific causal agents of the disease.
(B) To analyze the patterns of disease occurrence by person, place, and time.
(C) To evaluate the effectiveness of new therapeutic measures.
(D) To develop public policy for health promotion.

252. According to the text, which of the following best represents a 'determinant' of health?
(A) The impact of a community's socioeconomic status on vaccination rates.
(B) The number of new cases of influenza in a city last winter.
(C) The age and gender breakdown of patients in a hospital.
(D) The seasonal trend of a particular respiratory illness.

253. How does epidemiology primarily inform the development of public policy?
(A) By treating individual patients with prevalent diseases.
(B) By focusing solely on the biological factors of a disease.
(C) By providing scientific evidence on disease causation and occurrence.
(D) By limiting its study to hospital-based populations.

254. Which of the following is NOT listed as a use of epidemiology in the passage?
(A) Studying the natural history of a disease.
(B) Determining the extent of disease within a community.
(C) Evaluating preventive and therapeutic measures.
(D) Providing direct surgical intervention for epidemics.

255. The passage implies that the fundamental difference between epidemiology and clinical medicine is the:
(A) use of quantitative methods versus qualitative observations.

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while nominal data comes from surveys.

Direction : Please read the following source carefully.

In public health research, it is often impractical or impossible to study an entire population. Therefore, researchers rely on sampling, the process of selecting a subset of individuals from the population to make inferences about the whole group. The primary goal of sampling is to obtain a representative sample that accurately reflects the characteristics of the population of interest. Sampling techniques are broadly divided into two categories: probability sampling and non-probability sampling. In probability sampling, every individual in the population has a known, non-zero chance of being selected. Methods like simple random sampling and stratified sampling fall under this category. The major advantage of probability sampling is that it allows for statistical inference and the generalization of findings to the population with a known level of confidence. In contrast, non-probability sampling does not involve random selection, and the probability of selection is unknown. While often more convenient and less costly, this method carries a high risk of selection bias and limits the ability to generalize findings. Alongside selecting a sampling method, researchers must perform sample size estimation. This crucial step involves calculating the number of participants needed to ensure the study has sufficient statistical power to detect a true effect if one exists, thereby avoiding misleading null results.

Based on the above source, attempt the following five questions.

291. What is the main advantage of using probability sampling methods over non-probability methods?
(A) They are more convenient and less costly to implement.
(B) They guarantee that the sample will be perfectly identical to the population.
(C) They allow for findings to be generalized to the broader population.
(D) They do not require a formal sample size estimation.

292. Which of the following is a defining feature of probability sampling?
(A) Every member of the population has a known chance of being included.
(B) The researcher selects participants based on their easy availability.
(C) The probability of each individual being selected is unknown.
(D) It is primarily used when the population size is very small.

293. What is the primary purpose of sample size estimation?
(A) To determine the type of sampling technique to be used.
(B) To reduce the cost of the study to an absolute minimum.
(C) To select the most representative individuals for the study.
(D) To ensure the study has adequate statistical power to find a true effect.

294. A researcher who stands at a mall entrance and asks passersby to participate in a survey is using which type of sampling technique?
(A) Probability sampling.
(B) Non-probability sampling.
(C) Simple random sampling.
(D) Stratified sampling.

295. The passage implies that failing to conduct a proper sample size estimation could lead to:
(A) a study that is too large and therefore unethical.
(B) an inability to generalize findings even with probability sampling.
(C) a study that is unable to detect a real effect, resulting in a false negative conclusion.
(D) a high risk of selection bias in the study design.

Direction : Please read the following source carefully.

The final stages of a biostatistical inquiry involve the analysis, presentation, and interpretation of data. Central to this process is the concept of statistical inference, which uses principles of probability to draw conclusions about a population from sample data. A key tool in this process is the test of significance, or hypothesis testing. This formal procedure assesses the evidence provided by the data against a null hypothesis, which typically states that there is no

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(C) Resource allocation analysis to distribute funding.
(D) A review of the natural history of the cancer.

Direction : Please read the following source carefully.

The quantification of disease is central to epidemiology, and this is achieved through various measurements. The most fundamental of these are rates, ratios, and proportions. Within this framework, two key measures of disease frequency are incidence and prevalence. Prevalence refers to the proportion of individuals in a population who have a particular disease or attribute at a specific point in time or over a specified period. It provides a snapshot of the existing burden of disease in the community and is useful for planning health services and allocating resources for chronic conditions. In contrast, incidence measures the occurrence of new cases of a disease in a population over a defined period. It is considered a measure of risk, as it quantifies the rate at which individuals who are initially free of a disease develop it over time. Incidence is particularly important for etiological research, as it helps in identifying risk factors and evaluating the effectiveness of disease prevention programs. The relationship between these two measures is dynamic; prevalence is influenced by both the incidence of the disease and its duration. For a disease in a steady state, prevalence can be approximated by the product of incidence and the average duration of the disease.

Based on the above source, attempt the following five questions.

261. A public health department wishes to allocate resources for diabetes management clinics. Which epidemiological measure would be most useful for this purpose?
(A) The incidence rate of diabetes, to understand new cases.
(B) The ratio of diabetic to non-diabetic individuals.
(C) The average duration of diabetes in the population.
(D) The prevalence of diabetes, to understand the existing burden.

262. According to the passage, what does the incidence of a disease primarily measure?
(A) The total number of people who have the disease at one point in time.
(B) The risk of developing a new condition over a period.
(C) The proportion of the population that is currently ill.
(D) The average length of time a person has the disease.

263. A study that follows a group of healthy individuals over ten years to count how many of them develop heart disease is primarily measuring:
(A) Prevalence.
(B) A ratio.
(C) Incidence.
(D) A proportion at a single point in time.

264. The passage states that for a disease in a steady state, prevalence is influenced by:
(A) only the number of new cases occurring.
(B) only the average duration of the illness.
(C) neither the incidence nor the duration of the disease.
(D) both the incidence and the duration of the disease.

265. Which statement accurately differentiates incidence from prevalence based on the source?
(A) Incidence measures new cases (risk), while prevalence measures existing cases (burden).
(B) Incidence is a snapshot, while prevalence is a measure of flow.
(C) Incidence is useful for resource planning, while prevalence is for etiological research.
(D) Incidence is expressed as a percentage, while prevalence is a rate per 1000 population.

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Direction : Please read the following source carefully.

Epidemiological study designs provide the framework for conducting investigations into health and disease. They are broadly classified into two categories: observational studies, where the investigator observes events without any intervention, and experimental studies, where the investigator actively manipulates an exposure to observe its effect. Observational studies are further divided. Descriptive studies, as previously discussed, characterize disease patterns, while

analytical studies aim to test hypotheses. The two most prominent analytical observational designs are cohort studies and case-control studies. In a cohort study, a group of individuals (the cohort) is selected based on their exposure status (exposed vs. unexposed) and followed over time to compare the incidence of disease between the groups. This design is typically prospective, moving from cause to effect. Conversely, a case-control study is retrospective. It begins by identifying individuals with the disease (cases) and a suitable comparison group without the disease (controls), and then looks back in time to compare the frequency of past exposure to a risk factor in both groups. The choice of study design depends on the research question, the nature of the disease (rare or common), available resources, and ethical considerations.

Based on the above source, attempt the following five questions.

266. What is the defining characteristic that distinguishes an experimental study from an observational study?
(A) The use of a control group for comparison.
(B) The active manipulation of an exposure by the investigator.
(C) The longitudinal follow-up of participants.
(D) The retrospective collection of exposure data.

267. A study that identifies a group of factory workers exposed to a chemical and a group of office workers not exposed, and follows both groups for 20 years to see who develops cancer, is an example of a:
(A) Case-control study.
(B) Cohort study.
(C) Experimental study.
(D) Descriptive study.

268. According to the passage, what is the starting point for a case-control study?
(A) Identifying individuals with the disease (cases) and without it (controls).
(B) Identifying a group of individuals based on their exposure status.
(C) Randomly assigning participants to an intervention or control group.
(D) Describing the pattern of a disease in a population.

269. The passage describes the directionality of a cohort study as moving from cause to effect. This implies that the study design is typically:
(A) Retrospective.
(B) Cross-sectional.
(C) Prospective.
(D) Non-interventional.

270. Based on its design, a case-control study is often described as being efficient for studying rare diseases. Why might this be the case?
(A) Because it follows a large cohort over a long period.
(B) Because the investigator manipulates the exposure to guarantee a certain number of cases.
(C) Because it only describes the distribution of the disease without needing a control group.
(D) Because it starts with people who already have the disease, rather than waiting for it to occur.

Direction : Please read the following source carefully.

Screening and surveillance are two distinct but essential functions in public health. Screening is the presumptive identification of unrecognized disease or defect by the application of tests, examinations, or other procedures which can be applied rapidly. The key word is 'presumptive'; screening tests are not intended to be diagnostic. Their purpose is to classify apparently well people into two groups: those with a high probability of having the disease and those with a low probability. Individuals who screen positive require further diagnostic testing to confirm the diagnosis. The performance of a screening test is evaluated by its validity, which is its ability to correctly classify individuals as having or not having the disease. The two primary components of validity are sensitivity (the ability of the test to correctly identify those with the disease) and specificity (the ability of the test to correctly identify those without the disease). In parallel, public health surveillance is the continuous, systematic collection, analysis, and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. It provides the information necessary to monitor health trends, detect outbreaks, and guide public health action, differing from screening in

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its focus on population-level data rather than individual classification.

Based on the above source, attempt the following five questions.

271. What is the primary purpose of a screening test as described in the passage?
(A) To provide a definitive diagnosis of a disease.
(B) To treat unrecognized diseases in a population.
(C) To classify asymptomatic individuals based on their probability of having a disease.
(D) To monitor population-level health trends and detect outbreaks.

272. A screening test with high sensitivity will be very effective at:
(A) avoiding false positives.
(B) correctly identifying individuals who do have the disease.
(C) correctly identifying individuals who do not have the disease.
(D) proving the test is valid for diagnostic purposes.

273. If a person receives a positive result from a screening test, what is the recommended next step according to the passage?
(A) Assume they have the disease and begin treatment.
(B) Undergo further diagnostic testing for confirmation.
(C) Repeat the same screening test immediately.
(D) Undergo further diagnostic testing for confirmation.

274. How does public health surveillance differ from screening?
(A) Surveillance focuses on population-level data for monitoring trends, whereas screening targets individuals.
(B) Surveillance uses tests with high specificity, whereas screening uses tests with high sensitivity.
(C) Surveillance is a one-time activity, whereas screening is continuous.
(D) Surveillance is diagnostic, whereas screening is presumptive.

275. The ability of a screening test to correctly rule out a disease in people who do not have it is known as:
(A) Validity.
(B) Sensitivity.
(C) Specificity.
(D) Surveillance.

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Direction : Please read the following source carefully.

In epidemiology, a critical challenge is to distinguish between association and causation. An observed association between an exposure and a health outcome, however strong statistically, does not by itself prove that the exposure caused the outcome. An association simply means that the two variables tend to occur together more frequently than expected by chance. Causation implies that the exposure produces the effect. The process of inferring causation from association is complex and requires careful judgment based on a body of evidence. A major threat to the validity of this inference is bias, which is defined as a systematic error in the design, conduct, or analysis of a study that results in a mistaken estimate of an exposure's effect on the risk of disease. Unlike random error, bias is not reduced by increasing the sample size. There are numerous types of biases, but they often fall into two main categories: selection bias and information bias. Selection bias occurs when the study population is not representative of the target population due to errors in the selection of participants. Information bias arises from systematic errors in the way data are collected on exposure or outcome, leading to misclassification of subjects. Recognizing and minimizing bias is paramount for generating valid epidemiological findings.

Based on the above source, attempt the following five questions.

276. According to the passage, what is the fundamental difference between association and causation?
(A) Association means two variables occur together, while causation implies one produces the other.
(B) Association is statistically significant, whereas causation is not.
(C) Association implies the exposure produces the effect, while causation means they occur

together.
(D) Association is subject to bias, whereas causation is a direct observation.

277. What is defined as a systematic error in study design or conduct that distorts the estimated effect of an exposure?
(A) Random error.
(B) Confounding.
(C) Association.
(D) Bias.

278. If a study on smoking and lung cancer primarily recruits smokers from a hospital's respiratory ward and non-smokers from a local gym, it is most likely to suffer from which type of bias?
(A) Information bias, because the data on smoking might be inaccurate.
(B) Selection bias, because the selection of groups is not comparable.
(C) Recall bias, a form of causation.
(D) The passage does not provide enough information to determine the bias.

279. How does the passage suggest one should address the problem of bias in a study?
(A) By increasing the sample size to reduce its effect.
(B) By using statistical software to remove the systematic error after data collection.
(C) By recognizing its potential and minimizing it through careful study design and conduct.
(D) By focusing only on associations that are extremely strong.

280. A researcher finds that ice cream sales and drowning incidents are highly correlated. This relationship is a classic example of:
(A) A causal relationship.
(B) A relationship free from information bias.
(C) A finding that is invalid due to selection bias.
(D) An association that does not imply causation.

Direction : Please read the following source carefully.

The investigation of an epidemic is a systematic, step-by-step process that is a core function of public health. The primary objective is to control the spread of the outbreak and prevent future occurrences. The initial step is often to verify the diagnosis of the reported cases and to confirm the existence of an epidemic, which involves comparing the current number of cases to the number expected for that time and place. Once an outbreak is confirmed, investigators undertake a descriptive epidemiological study, defining and identifying cases and then orienting the data in terms of time, place, and person. This involves creating an epidemic curve (time), a spot map (place), and analyzing the characteristics of the affected population (person). These descriptive findings are crucial for formulating hypotheses about the likely cause, source, and mode of transmission of the agent. Following hypothesis generation, analytical studies may be conducted to test these hypotheses. A critical and ongoing part of the investigation is the implementation of control and prevention measures. These measures are often initiated as soon as credible information becomes available and are refined as more data is gathered. The entire process requires a multidisciplinary approach and clear communication with the public and stakeholders.
Based on the above source, attempt the following five questions.

281. What is the first crucial action to be taken in the investigation of a potential epidemic?
(A) Verifying the diagnosis and confirming the outbreak's existence.
(B) Implementing immediate control measures.
(C) Formulating hypotheses about the cause.
(D) Creating a spot map of the affected area.

282. What is the main purpose of using descriptive epidemiology (analyzing time, place, person) during an epidemic investigation?
(A) To definitively prove the cause of the outbreak.
(B) To generate hypotheses about the source and mode of transmission.
(C) To implement long-term prevention strategies.
(D) To test the effectiveness of a new vaccine.

283. How do investigators typically confirm the existence of an epidemic?
(A) By waiting for media reports on the issue.
(B) By comparing the observed number of cases with the expected number.

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(C) By identifying at least one confirmed case of a disease.
(D) By conducting analytical studies immediately.

284. The passage indicates that control and prevention measures during an outbreak are:
(A) often initiated early and refined as more information becomes available.
(B) implemented only after the entire investigation is complete.
(C) a secondary objective compared to data collection.
(D) solely the responsibility of clinical physicians.

285. An 'epidemic curve' is a graphical representation used to orient data by which variable?
(A) Person.
(B) Place.
(C) Time.
(D) Agent.

Direction : Please read the following source carefully.

Biostatistics is the discipline concerned with the application of statistical principles to questions and problems in medicine, public health, and biology. It provides the tools for collecting, summarizing, analyzing, and interpreting quantitative data in health research. A foundational concept in biostatistics is the understanding of different types of data, as the type of data dictates the appropriate statistical methods to be used. Data can be broadly classified into two categories: categorical (qualitative) and numerical (quantitative). Categorical data represent characteristics and can be either nominal, where categories have no intrinsic order (e.g., blood type, gender), or ordinal, where categories have a meaningful order but the intervals between them are not necessarily equal (e.g., disease severity rated as mild, moderate, severe). Numerical data represent measurable quantities and can be discrete, which are countable integers (e.g., number of hospital visits), or continuous, which can take any value within a given range (e.g., height, weight, blood pressure). The information for these analyses comes from various data sources for public health, such as vital statistics (births, deaths), population-based surveys, disease registries, and medical records, all of which are essential for evidence-based public health practice.

Based on the above source, attempt the following five questions.

286. A researcher is studying cancer patients and classifies their disease stage as Stage I, Stage II, Stage III, or Stage IV. What type of data is this?
(A) Nominal.
(B) Discrete.
(C) Continuous.
(D) Ordinal.

287. Which of the following is an example of continuous numerical data?
(A) The number of children in a family.
(B) A person's country of birth.
(C) A patient's body mass index (BMI).
(D) A person's agreement with a statement on a scale of 'agree' or 'disagree'.

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288. According to the passage, why is it crucial to understand the type of data being collected in a study?
(A) Because it determines the required sample size.
(B) Because it dictates the appropriate statistical methods for analysis.
(C) Because categorical data is more reliable than numerical data.
(D) Because data sources for public health only provide one type of data.

289. Information on births and deaths collected by a government agency is an example of what kind of data source?
(A) A disease registry.
(B) A population-based survey.
(C) Medical records.
(D) Vital statistics.

290. What is the key difference between nominal and ordinal data?
(A) Ordinal data has a meaningful order to its categories, while nominal data does not.
(B) Nominal data is numerical, while ordinal data is categorical.
(C) Nominal data can be continuous, while ordinal data is discrete.
(D) Ordinal data is sourced from registries,

(B) study of infectious diseases versus chronic diseases.
(C) focus on population-level health versus individual-level health.
(D) emphasis on determinants versus the distribution of disease.

Direction : Please read the following source carefully.

Epidemiological methods are broadly categorized into two main types: descriptive and analytical epidemiology. Descriptive epidemiology is concerned with characterizing the amount and distribution of health and disease within a population. It focuses on the fundamental variables of person (who is affected?), place (where does the condition occur?), and time (when and over what period does the condition occur?). This type of epidemiology is often the first step in an investigation. Its primary utility lies in generating hypotheses about potential causes of disease by identifying non-random variations in disease occurrence. It helps to allocate resources efficiently and provides crucial clues for further, more rigorous investigation. In contrast, analytical epidemiology is designed to test these hypotheses. It involves the explicit comparison of groups to determine whether an association exists between an exposure (a potential determinant) and a health outcome. Analytical studies aim to quantify this association and explore potential causal relationships. While descriptive epidemiology asks "Who, where, and when?", analytical epidemiology addresses the "Why and how?" of disease occurrence, thereby forming the basis for evidence-based prevention and control strategies. The two types are complementary, with descriptive findings paving the way for targeted analytical investigations.

Based on the above source, attempt the following five questions.

256. What is the principal function of descriptive epidemiology as described in the passage?
(A) To definitively establish the causal relationship between an exposure and an outcome.
(B) To generate hypotheses by examining disease patterns according to person, place, and time.
(C) To test specific hypotheses about disease etiology through group comparisons.
(D) To implement and evaluate public health interventions directly.

257. A study examining the change in the number of measles cases in a country over the last decade, categorized by month, would be an example of which type of epidemiology?
(A) Analytical epidemiology, because it analyzes data.
(B) Both analytical and descriptive, as it involves numbers and trends.
(C) Neither, as it does not involve group comparisons.
(D) Descriptive epidemiology, because it focuses on the 'time' variable.

258. According to the passage, the key difference between analytical and descriptive epidemiology lies in the:
(A) focus on hypothesis testing versus hypothesis generation.
(B) use of quantitative data versus qualitative data.
(C) study of chronic diseases versus infectious diseases.
(D) analysis of population-level data versus individual data.

259. The passage suggests that the relationship between descriptive and analytical epidemiology is:
(A) hierarchical, with analytical being superior to descriptive.
(B) independent, with each serving entirely separate purposes.
(C) sequential and complementary, with descriptive studies often preceding analytical ones.
(D) antagonistic, with findings from one often contradicting the other.

260. If an epidemiologist wants to investigate why a particular city has a higher rate of a certain cancer compared to others, which approach would they primarily use?
(A) Analytical epidemiology to compare exposures between the high-rate city and others.
(B) Descriptive epidemiology to confirm the number of cases.

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effect or no difference. The result of a significance test is often summarized by a p-value. The p-value represents the probability of observing a result as extreme as, or more extreme than, the one obtained in the study, assuming the null hypothesis is true. A small p-value is often interpreted as evidence against the null hypothesis. However, data analysis is not merely a mechanical process of calculating p-values. The effective presentation of data, through well-designed tables, graphs, and charts, is crucial for communicating findings clearly and accurately. Ultimately, the most critical step is interpretation. This involves synthesizing the statistical results with the study design, considering potential biases, and placing the findings within the broader context of the public health problem and existing scientific knowledge to derive meaningful conclusions.

Based on the above source, attempt the following five questions.

296. What is the primary purpose of a test of significance in biostatistics?
(A) To present data in a visually appealing manner.
(B) To calculate the probability of the null hypothesis being true.
(C) To ensure the data was collected without any bias.
(D) To formally assess evidence against a null hypothesis.

297. According to the passage, a p-value represents the:
(A) probability of observing the study's result (or a more extreme one) if the null hypothesis were true.
(B) probability that the research hypothesis is correct.
(C) probability of the study's result being significant.
(D) probability that the sample is representative of the population.

298. The passage emphasizes that data analysis is more than just computation. What is highlighted as the most critical final step?
(A) The calculation of a precise p-value.
(B) The interpretation of results within a broader scientific and public health context.
(C) The creation of numerous graphs and tables.
(D) The selection of the correct statistical software.

299. Why is the effective presentation of data considered crucial?
(A) Because it can hide weaknesses in the study design.
(B) Because it helps in communicating complex findings clearly and accurately.
(C) Because it is the only part of a study that policymakers read.
(D) Because it is required for calculating the p-value.

300. The passage describes the null hypothesis as a statement that typically posits:
(A) no effect or no difference.
(B) a strong effect or difference.
(C) the presence of significant bias.
(D) the correctness of the research hypothesis.

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ANSWERS

1. (B) The study of distribution and determinants of health states and their control in populations.
Epidemiology represents a cornerstone of public health, focusing on the systematic study of how health-related states or events are distributed within specific populations. It investigates the determinants influencing these states and applies this knowledge to control health problems. This field encompasses more than just infectious diseases, addressing chronic conditions, environmental health, and injury prevention to improve overall community well-being and health outcomes through evidence-based practice.

2. (A) The frequency and pattern of health events in a population by person, place, and time.
In the context of epidemiological research, distribution describes the frequency and pattern of health-related events within a population. Frequency refers to the actual number of cases or the relationship of that number to the population size. Pattern involves characterizing health events by person, place, and time factors. Analyzing these distributions helps researchers identify potential risks and determine which groups are most affected by specific conditions.

3. (C) To generate hypotheses about disease causation by describing health events.
Descriptive epidemiology focuses on identifying patterns of disease occurrence by analyzing data related to person, place, and time. Its primary goal is to provide a detailed snapshot of health events within a population. This descriptive process allows researchers to generate hypotheses regarding the potential causes or risk factors of a disease. Unlike analytical methods, it does not aim to test these hypotheses or determine causality.

4. (A) Both Statement I and Statement II are correct.
Descriptive epidemiology serves as the initial phase of research by observing disease patterns to generate hypotheses about potential causes. In contrast, analytical epidemiology involves structured studies designed to test these specific hypotheses by examining the relationship between exposures and health outcomes. Both branches are essential for public health, as the descriptive phase provides the foundation for the rigorous testing and causal inference conducted later.

5. (A) Both A and R are true and R is the correct explanation of A.
Epidemiology is frequently called the basic science of public health because it utilizes quantitative methods to study disease patterns in human populations. It provides essential data required for making informed decisions regarding public health actions and for evaluating the effectiveness of various health interventions. By identifying risk factors and monitoring health trends, this field enables the development of evidence-based policies and targeted strategies.

6. (B) To prescribe specific medications to individual patients.
While clinical medicine focuses on the diagnosis and treatment of individual patients, epidemiology focuses on the health of entire populations. The primary applications of this field include identifying the etiology or cause of diseases, studying the natural history of health conditions, and evaluating health services. Prescribing medications to specific individuals is a clinical function, whereas epidemiological data informs the guidelines and protocols used.

7. (D) Prevalence
Prevalence is an epidemiological measure that quantifies the total number of existing cases of a specific disease within a population at a particular point in time or over a defined period. It provides a snapshot of the disease burden in a community, including both newly diagnosed and ongoing cases. This measurement is crucial for health planners to allocate resources and determine the healthcare scale required.

8. (A) Cumulative incidence
Cumulative incidence measures the proportion of a healthy population that develops a specific

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disease over a defined period. In this scenario, following a group of healthy individuals for five years allows for the direct observation of new diabetes cases. This provides the risk of developing the condition within that timeframe. Unlike prevalence, which counts existing cases, incidence focuses exclusively on the transition from health.

9. (C) The number of male smokers divided by the number of female smokers.
A ratio is a mathematical expression that compares two distinct quantities where the numerator is not necessarily part of the denominator. In epidemiological studies, comparing the number of male smokers to female smokers serves as a clear example because these are two mutually exclusive groups. This differs from proportions or rates, where the numerator is usually a subset of the total population considered during calculation.

10. (A) P-2, Q-1, R-4, S-3
Incidence rate measures the speed at which new cases occur in a population at risk, while prevalence provides a snapshot of existing disease at a specific time. A ratio compares two distinct quantities where the numerator is not part of the denominator. Conversely, a proportion is a specific type of ratio where the numerator is included in the denominator. These fundamental measures are essential.

11. (D) An increase in the incidence of a communicable disease.
Communicable disease transmission depends on the interaction between infected and susceptible individuals. When a significant number of susceptible people enter a population, the potential for new infections increases. This influx creates more opportunities for the pathogen to spread, leading to a higher incidence rate. This phenomenon often occurs in areas with low vaccination rates or when non-immune travelers arrive, potentially triggering local outbreaks.

12. (B) Cohort studies move from exposure to outcome; case-control studies move from outcome to exposure.
The fundamental distinction between these observational designs lies in the direction of the investigation. Cohort studies begin by identifying individuals based on their exposure status and then follow them forward in time to observe outcomes. In contrast, case-control studies start by identifying individuals based on their health outcome and then look back in time to assess past exposures. This directional difference impacts data collection.

13. (C) Case-control study
Case-control studies are highly efficient for investigating rare diseases because they begin with individuals who already have the condition. By identifying cases first, researchers avoid the need to follow a large cohort for many years to observe enough disease events. This design is relatively quick and cost-effective compared to prospective studies. It allows for the examination of multiple potential exposures associated with outcomes.

14. (D) Cross-sectional study
A cross-sectional study is an observational design that collects data from a population at a single point in time. It measures the prevalence of a health outcome, such as hypertension, and the presence of risk factors simultaneously. Because all variables are assessed at the same time, this design is useful for describing health status and generating hypotheses, although it cannot establish temporality.

15. (B) 1, 2, and 4 only
Randomized controlled trials are considered the gold standard for determining causality because they utilize experimental manipulation and random assignment. Randomization is a critical feature that helps minimize confounding by distributing factors equally between groups. These trials are inherently prospective, as they follow participants forward from the intervention to the outcome. Unlike observational studies, the researcher actively controls the exposure to measure its effect.

16. (B) To provide a basis for resource allocation and program evaluation.
Public health surveillance serves as an essential tool for monitoring health trends and detecting outbreaks in a population. The primary goal of this systematic data collection is to provide a reliable basis for making informed decisions regarding resource allocation and the evaluation

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verifying the diagnosis, establishing a case definition, identifying cases, and performing descriptive epidemiology by analyzing person, place, and time. While securing long-term research funding is important for academic advancement, it is not a direct step in the immediate public health response to an outbreak.

35. (A) P-3, Q-4, R-1, S-2
Mean represents the arithmetic average of a dataset, while the median is the middle value in an ordered list. The mode identifies the most frequently occurring value, reflecting common patterns. Range measures the spread by calculating the difference between the highest and lowest values. These descriptive statistics are fundamental tools used to summarize data and provide a clear overview of the characteristics within a sample.

36. (D) Descriptive statistics
Descriptive statistics is the branch of mathematics focused on the collection, organization, and summarization of data. It provides methods for presenting information through tables, graphs, and numerical measures like the mean and standard deviation. The primary goal is to describe the main features of a specific dataset without making broader generalizations. This stage is crucial for understanding the basic characteristics of the study population.

37. (C) Inferential statistics
Inferential statistics involves using data collected from a sample to make generalizations or predictions about a larger population. It employs probability theory to estimate population parameters and test hypotheses. By calculating the likelihood that the observed sample results occurred by chance, researchers can draw conclusions with a known level of confidence. This process is essential for extending research findings beyond the immediate group studied.

38. (B) Nominal
Nominal data consists of categories that are mutually exclusive and have no inherent numerical value or natural order. Blood types, such as A, B, AB, and O, represent distinct groups that cannot be ranked or measured in terms of magnitude. This type of qualitative data is used for classification purposes, allowing researchers to group individuals based on specific characteristics for further descriptive or analytical study.

39. (D) Ordinal
Ordinal data involves categorical variables that have a clear, natural order or ranking. In the case of education levels, a PhD represents a higher level of attainment than a Master's degree, which is higher than a Bachelor's degree. While the differences between these categories are not necessarily equal or measurable, the sequence is meaningful. This allows researchers to analyze trends and hierarchies within the dataset.

40. (C) 1, 2, and 4 only
Ratio data is characterized by having a true zero point, allowing for meaningful comparisons of magnitude. Interval data has ordered categories with equal spacing but lacks an absolute zero. Ordinal data represents categories with a natural ranking, though the distances between them are unknown. Nominal data consists of unordered categories that cannot be ranked. Understanding these differences is essential for choosing the correct statistical analysis.

41. (C) Data collected by a researcher through a community survey.
Primary data refers to original information collected specifically for the research project at hand. A community survey conducted directly by a researcher is a classic example, as the investigator designs the tool and gathers the data to answer a specific question. This differs from secondary data, which involves analyzing information that was previously collected by others for different purposes, such as census records or reports.

42. (C) Statement I is correct, but Statement II is incorrect.
Secondary data consists of information originally collected by other individuals or organizations for different purposes, such as hospital records or government databases. Primary data, however, is information that a researcher collects directly for their specific study. While using existing hospital discharge records for research is an example of secondary data analysis, defining primary data as being collected by someone else is incorrect.

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the exposure preceded the disease. Strength of association and consistency across various studies provide further evidence. Biological plausibility suggests a known mechanism exists, while a dose-response relationship shows that increasing exposure leads to a higher risk. Together, these factors help researchers determine if an association is causal.

26. (A) Bias
Bias in epidemiological research refers to a systematic error that results in an incorrect estimate of the association between an exposure and a disease. Unlike random error, which occurs by chance, bias is introduced by flaws in the design, conduct, or analysis of a study. It can lead researchers to either overstate or understate the true relationship, potentially resulting in misleading conclusions about health risks.

27. (D) Selection bias
Selection bias occurs when the individuals included in a study are not representative of the target population. This systematic error happens during the recruitment or retention phase, where the relationship between exposure and outcome differs between those who participate and those who do not. This can distort the study results and limit the ability of researchers to generalize their findings to the broader population.

28. (B) Case-control study
Recall bias is a significant concern in case-control studies because these designs rely on participants' memory of past events. Individuals with a disease (cases) may reflect more intensely on their history and report past exposures differently than healthy individuals (controls). This differential memory can lead to an overestimation or underestimation of the association between the exposure and the outcome, potentially compromising the study's validity.

29. (A) Both A and R are true and R is the correct explanation of A.
In case-control designs, researchers often rely on self-reported data regarding past behaviors or exposures. Cases, motivated by their illness, might remember details more vividly or differently than healthy controls. This differential recall leads to systematic errors known as recall bias. Such bias distorts the measured association between the exposure and the disease, making it difficult to determine the true relationship between the variables studied.

30. (D) Confounding variable
A confounding variable is a factor that is associated with both the exposure and the outcome, potentially distorting the true relationship between them. In this example, smoking is associated with coffee drinking and is also a known risk factor for heart disease. If smoking is not accounted for, the observed association between coffee and heart disease might be partly or entirely due to smoking effects.

31. (A) Establish the existence of an epidemic.
The initial step in any epidemic investigation is to confirm that an outbreak is actually occurring. This involves comparing the current number of reported cases to the number expected for that specific time and location. Establishing the existence of an epidemic ensures that public health resources are appropriately mobilized to investigate a genuine increase in disease rather than a random fluctuation or reporting artifact.

32. (B) Point source epidemic
A point source epidemic curve is characterized by a rapid rise in the number of cases followed by a more gradual decline. This pattern occurs when a group of people is exposed to a single source of infection or a common harmful agent over a very short period. The sudden peak reflects the concentrated exposure, while the tail represents varying incubation periods among those affected.

33. (B) To provide a graphical display of the outbreak's magnitude and time course.
An epidemic curve serves as a visual representation of an outbreak by plotting the number of cases against the time of symptom onset. This tool allows investigators to determine the magnitude of the epidemic, identify the most likely time of exposure, and distinguish between different types of outbreaks, such as point source or propagated. It provides essential clues about the transmission pattern and duration.

34. (A) Securing funding for future research
Epidemic investigations follow a systematic process aimed at identifying the source and stopping the spread of disease. Key steps include

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characterizing the number of children as a continuous variable is mathematically incorrect.

69. (C) Scatter plot
A scatter plot is the most appropriate graphical method for visualizing the relationship between two continuous variables. Each point on the graph represents an individual observation's values for both variables, such as height and weight. This visualization allows researchers to identify patterns, trends, or correlations, showing how one variable might change in relation to another. It is essential for determining the strength and direction of these relationships.

70. (A) P-3, Q-4, R-1, S-2
Case-control studies compare past exposures in diseased and healthy individuals, while cohort studies follow groups over time to measure incidence. Cross-sectional studies provide a snapshot of disease prevalence at one point in time. Randomized controlled trials are experimental designs used to test the efficacy of specific interventions. Each of these study designs serves a unique purpose in epidemiological research, from hypothesis generation to testing causal associations.

71. (D) Approximately 68%
In a normal distribution, also known as a Gaussian distribution, the data is symmetrically distributed around the mean. According to the empirical rule, approximately sixty-eight percent of all observations fall within one standard deviation of the mean. This statistical property is fundamental for understanding variability and is used to calculate confidence intervals and perform various hypothesis tests to determine the likelihood of observing specific results.

72. (A) It reduces the width of the confidence interval for a parameter estimate.
Increasing the sample size of a study improves the precision of the estimated population parameter. With more observations, the impact of random sampling error is reduced, which results in a narrower confidence interval. This provides researchers with a more precise range of values that likely contains the true population mean. A larger sample size also increases the statistical power of the study to detect meaningful differences or associations.

73. (C) Power (1-β)
Statistical power is the probability that a study will correctly reject a null hypothesis when an actual effect or association exists. It is represented as one minus beta, where beta is the probability of making a Type II error. Higher power ensures that the study is capable of detecting meaningful findings. Factors such as a larger sample size and a stronger effect increase the power of a statistical test.

74. (A) A range of values that is likely to contain the true population parameter.
A confidence interval provides a range of values, calculated from sample data, that is likely to include the unknown population parameter with a certain level of confidence, such as ninety-five percent. It reflects the precision of the estimate and the uncertainty inherent in sampling. A narrower interval suggests a more precise estimate, while an interval that excludes the null value indicates that the results are statistically significant.

75. (A) 1, 2, and 3
Experimental studies are characterized by the researcher's active manipulation of the exposure or intervention. These designs typically include a control group for comparison and utilize random assignment to distribute participants into different groups. Randomization helps ensure that any differences in outcomes are due to the intervention itself. Unlike observational studies, experiments are prospective and involve controlled environments rather than just observing events as they naturally occur in the population.

76. (B) Epidemic
An epidemic is defined as the occurrence of cases of an illness or health-related event in a community or region that is clearly in excess of what is normally expected. This spike in disease frequency happens over a specific period and can affect a localized area or a larger population. Identifying an epidemic requires comparing current data to baseline levels to confirm that a significant and unusual outbreak is occurring.

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43. (D) Simple random sampling
Simple random sampling is a probability-based technique where every individual in the population has an equal and independent chance of being chosen for the study. This method requires a complete list of the population, known as a sampling frame. By using random selection processes, such as a computer generator, researchers can minimize selection bias and ensure the sample is representative of the larger target population.

44. (B) Stratified random sampling
Stratified random sampling involves dividing the population into distinct subgroups, or strata, based on specific characteristics such as age or gender. A random sample is then drawn from each stratum to ensure that all subgroups are adequately represented in the final dataset. This technique increases the precision of the study and allows researchers to make meaningful comparisons between different segments of the population.

45. (A) 1, 2, 3, and 4
Sampling is used in research because it is significantly more cost-effective and faster than studying an entire population. In many cases, it is the only feasible option when the population is extremely large or infinite. Furthermore, sampling can sometimes be more accurate than a census due to more intensive data collection and reduced errors. However, sampling never ensures that results are perfectly representative of the population.

46. (D) The results cannot be generalized to the larger population with a known level of confidence.
Non-probability sampling methods do not rely on random selection, meaning that not every individual has a known chance of being included. This creates a significant disadvantage because the researcher cannot accurately calculate the sampling error or determine how representative the sample is of the target population. Consequently, findings from such studies cannot be confidently generalized to the broader community using standard inferential statistical techniques.

47. (A) The personal preference of the principal investigator.
Calculating the required sample size is a rigorous process based on statistical parameters. It is influenced by the desired significance level, the statistical power, and the expected variability of the outcome in the population. A larger sample is needed when variability is high or when detecting small effects. Personal preferences of the investigator do not play a role in these objective calculations, which ensure the study's validity.

48. (B) 0 and 1
In probability theory, the likelihood of an event occurring is always expressed as a value between zero and one. A probability of zero indicates that the event is impossible and will never occur, while a probability of one indicates that the event is certain. Most health-related events fall within this range. Probabilities cannot be negative or exceed one, as they represent proportions of total possible outcomes.

49. (B) The probability of observing the study results, or more extreme results, if the null hypothesis were true.
The p-value is a fundamental concept in hypothesis testing used to determine statistical significance. It represents the probability that the observed results occurred by chance alone, assuming the null hypothesis is correct. A small p-value indicates that the findings are unlikely to be due to random fluctuation, leading researchers to reject the null hypothesis. It does not measure the probability that the null hypothesis itself is true.

50. (A) A Type I error
A Type I error, also known as a false positive, occurs when a researcher rejects a null hypothesis that is actually true in the population. This means the study incorrectly concludes that an effect or association exists when it does not. The probability of making this error is determined by the alpha level, which is usually set at five percent. Minimizing this risk is critical for scientific accuracy.

51. (C) Reject the null hypothesis.
In hypothesis testing, the p-value is compared to a pre-determined significance level, commonly

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of public health programs. By identifying where and when health events occur, authorities can implement interventions, target strategies, and measure success.

17. (B) Public health surveillance
Public health surveillance involves the ongoing and systematic collection, analysis, and interpretation of health-related data. This process is essential for the effective planning, implementation, and evaluation of public health practice. By continuously monitoring health events, surveillance systems provide timely information that allows health officials to detect outbreaks, monitor disease trends, and identify emerging threats, thereby enabling evidence-based responses to protect the entire community.

18. (A) Passive involves reporting by providers; active involves health departments seeking data.
Passive surveillance relies on healthcare providers and laboratories to voluntarily report notifiable diseases to health departments according to established regulations. In contrast, active surveillance involves health department staff actively contacting providers or clinics to solicit health information or find additional cases. While passive systems are generally more cost-effective for routine monitoring, active surveillance provides more complete and accurate data, which is necessary.

19. (C) A health department official calling clinics to find additional cases of a reported illness.
Active surveillance is characterized by the health department taking the initiative to seek out health data from providers. An example of this is when health officials contact local clinics or hospitals to identify additional cases of a reported illness. This proactive approach ensures a more complete count of cases than passive reporting alone. It is especially critical during epidemic investigations to determine scope.

20. (A) 1, 5, 3, 4, 2
Investigating an epidemic requires a systematic approach beginning with establishing the existence of an outbreak. Next, researchers must verify the diagnosis to ensure cases are correctly identified. Developing a case definition and identifying cases follows, which leads to describing the collected data by person, place, and time. Finally, these descriptive findings are used to formulate hypotheses about the source and cause of the outbreak.

21. (C) Sensitivity
Sensitivity measures the ability of a screening test to correctly identify individuals who truly have a specific disease. It represents the proportion of people with the condition who receive a positive test result. A test with high sensitivity is valuable for screening because it minimizes the number of false negatives, ensuring that most diseased individuals are detected early when treatment may be most effective.

22. (B) A low number of false positives.
Specificity refers to the ability of a screening test to correctly identify individuals who do not have a specific disease. A test with high specificity will yield a negative result for most people who are healthy. Consequently, this leads to a low number of false positives. High specificity is important to avoid unnecessary anxiety, follow-up testing, and costs associated with misidentifying healthy people.

23. (A) Both Statement I and Statement II are correct.
Sensitivity and specificity are intrinsic properties of a screening test, meaning they describe how well the test performs regardless of how common the disease is. In contrast, the positive predictive value is heavily influenced by disease prevalence. When a disease is rare in a population, even a highly specific test will result in a lower predictive value positive because false positives are more likely.

24. (A) 80%
Sensitivity is calculated by dividing the number of true positive test results by the total number of individuals who actually have the disease. In this scenario, eighty people tested positive out of the one hundred people with the condition. Dividing eighty by one hundred results in a sensitivity of eighty percent. This indicates the test's effectiveness in identifying those with the disease in that population.

25. (D) All of the above
Establishing a causal relationship between an exposure and an outcome requires evaluating several criteria. Temporality is essential, ensuring

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60. (A) Both A and R are true and R is the correct explanation of A.
Cross-sectional studies measure both the exposure and the disease outcome simultaneously in a population. Because both variables are assessed at the same moment, it is impossible to determine whether the exposure occurred before the disease developed. This lack of a clear temporal sequence is a major limitation, making this study design unsuitable for establishing definitive causal relationships, as causality requires the cause to precede the effect.

61. (C) Odds Ratio
In case-control studies, researchers cannot directly calculate incidence because they start with individuals who already have the disease. Instead, they use the odds ratio as a measure of association. The odds ratio compares the odds of exposure among the cases to the odds of exposure among the controls. It provides an estimate of the strength of the relationship between the exposure and the outcome being studied.

62. (D) Specificity
Specificity is a measure of the validity of a screening test. It specifically refers to the test's ability to correctly identify individuals who do not have the disease. A test with high specificity will correctly produce negative results for a large proportion of truly healthy people. This helps minimize false positives, which is essential for ensuring that people are not incorrectly diagnosed with conditions they do not have.

63. (A) Randomization
Selection bias, information bias, and confounding are all types of systematic errors that can distort the results of an epidemiological study. These forms of bias lead to incorrect estimates of the association between exposures and outcomes. Randomization, however, is not a type of bias; rather, it is a technique used in experimental studies to minimize bias and control for confounding by creating comparable groups.

64. (B) To make the groups comparable with respect to both known and unknown prognostic factors.
The primary goal of randomization in a clinical trial is to ensure that participants are assigned to treatment groups by chance. This process creates groups that are balanced in terms of their baseline characteristics, including factors that researchers may not even be aware of. By making the groups comparable, randomization ensures that any observed differences in outcomes can be attributed to the intervention itself rather than other pre-existing differences.

65. (A) 1 and 3 only
Public health surveillance systems are designed to be ongoing and systematic processes for collecting health data. Their purpose is to provide the information needed for planning, implementing, and evaluating health programs at the population level. While surveillance data can be used for research, its main focus is to guide public health action. Surveillance is not intended for the direct clinical diagnosis or treatment of individual patients.

66. (A) Endemic
An endemic disease is one that is constantly present within a specific geographic area or population group at a predictable and relatively stable level. The number of cases remains near what is normally expected for that community over time. Examples of endemic conditions include the seasonal flu or certain childhood illnesses, where the disease continues to circulate without causing a sudden or unexpected spike in infections.

67. (C) Pandemic
A pandemic is an epidemic that has spread across several countries or continents, affecting a large number of people on a global scale. It represents a significant increase in disease occurrence that transcends geographic borders and often involves a new pathogen to which the population has little immunity. Managing a pandemic requires coordinated international efforts to monitor transmission, implement control measures, and develop effective treatments or vaccines.

68. (C) Statement I is correct, but Statement II is incorrect.
A continuous variable is one that can take on any numerical value within a given range, including fractions or decimals. Height and weight are classic examples of continuous data. In contrast, the number of children in a family is a discrete variable because it must be a whole number; you cannot have a fraction of a child. Therefore,

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set at zero point zero five. If the p-value is less than this threshold, the results are considered statistically significant. A p-value of zero point zero three indicates that the observed association is unlikely to be due to chance, leading the researcher to reject the null hypothesis and support the alternative hypothesis.

52. (D) Independent samples t-test
An independent samples t-test is used to compare the means of two distinct and unrelated groups to determine if there is a statistically significant difference between them. This test is appropriate when the outcome variable is continuous and the data follows a normal distribution. It is commonly used in clinical research to compare health measurements, such as average blood pressure, between a treatment group and a control group.

53. (C) Proportions of a whole for a categorical variable
A pie chart is a graphical tool specifically designed to show how different categories contribute to a total whole. Each slice of the pie represents a proportion or percentage of the entire dataset for a categorical variable. This visualization is most effective when there are a limited number of categories, allowing for an easy comparison of the relative sizes of different segments within a single population.

54. (B) The frequency distribution of a continuous variable.
A histogram is a bar graph that displays the distribution of a continuous variable by grouping values into equal intervals called bins. The height of each bar represents the frequency or number of observations within that specific range. Unlike bar charts, which display categorical data, histograms show the shape, center, and spread of numerical data, helping researchers identify patterns such as skewness or normal distribution.

55. (D) The observed effect is unlikely to be due to chance.
Statistical significance indicates that the relationship or difference observed in a study is strong enough that it is unlikely to have occurred solely because of random sampling error. This is typically determined when the p-value is below a certain threshold. It does not automatically mean the finding is clinically important or large in magnitude. Statistical significance only confirms that the result is probably real rather than accidental.

56. (A) A study comparing the lung cancer risk between smokers and non-smokers.
Analytical epidemiology is characterized by the use of a comparison group to test specific hypotheses about the relationship between exposures and health outcomes. A study that compares lung cancer risks between smokers and non-smokers is analytical because it seeks to determine if smoking is a cause of cancer. This differs from descriptive epidemiology, which merely reports on disease frequency and patterns without examining causal associations.

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57. (C) Agent, host, and environment
The epidemiologic triad is a foundational model for understanding disease causation. it illustrates the complex interaction between three essential components: the agent, which is the pathogen or cause of the disease; the host, which is the human or organism affected; and the environment, which includes external factors that influence transmission. Disease occurs when these three factors intersect in a way that allows the condition to develop.

58. (A) Cumulative Incidence
Cumulative incidence is an epidemiological measure that represents the risk of a person developing a specific disease during a defined period of time. It is calculated by dividing the number of new cases by the total population initially at risk. This measure provides a direct estimate of the probability that an individual will experience the health event, making it vital for assessing the impact of risk factors.

59. (D) Prevalence will increase.
Prevalence is determined by both the number of new cases and the duration of the illness. If the incidence rate remains constant but treatments allow patients to live longer with a chronic condition, the duration of the disease increases. Consequently, more people will be living with the disease at any given time, leading to an increase in prevalence. This highlights how medical advancements can affect population health measures.

77. (C) It describes disease patterns according to person, place, and time.
Descriptive epidemiology is characterized by its focus on describing the occurrence and distribution of health events within a population. It organizes data according to person (who is affected), place (where they are), and time (when it happened). This phase of research does not use comparison groups or test causal hypotheses. Instead, it provides the essential descriptive data needed to identify public health problems and generate hypotheses for further study.

78. (D) Attack rate
The attack rate is a specific type of cumulative incidence used during short-term outbreaks, particularly in foodborne illness investigations. It is calculated by dividing the number of people who became ill after a specific exposure by the total number of people who were exposed. This measure helps identify the source of the outbreak by determining which foods or environments were most strongly associated with the development of the illness.

79. (A) Information bias
Blinding is a technique used in clinical trials to ensure that participants, and often investigators, do not know which treatment is being administered. This reduces information bias, as it prevents expectations from influencing how symptoms are reported or how outcomes are measured. By keeping the treatment assignment concealed, researchers can ensure that the results reflect the actual effect of the intervention rather than subjective perceptions or biased observations from the participants.

80. (B) Cross-sectional, Case-control, Cohort, RCT
Study designs are often ranked by their ability to provide evidence for a causal relationship. Cross-sectional studies are generally considered the weakest because they lack temporality. Case-control studies are stronger but prone to bias. Cohort studies are more robust as they establish that exposure preceded the outcome. Randomized controlled trials are the strongest evidence source because they involve experimental manipulation and randomization, which minimize confounding and other systematic errors effectively.

81. (B) People who test positive who actually have the disease.
The positive predictive value of a screening test is the probability that an individual who tests positive truly has the disease. It is calculated by dividing the number of true positive results by the total number of people who received a positive test result. This measure is highly important for clinicians, as it helps determine the likelihood that a patient with a positive result actually requires treatment or further diagnostic testing.

82. (A) Prevalence of the disease in the screened population
While sensitivity and specificity are intrinsic properties of a screening test, predictive values are strongly influenced by how common the disease is in the population. In a high-prevalence setting, a positive test result is more likely to be a true positive. Conversely, when the disease is rare, the number of false positives can outweigh true positives, leading to a much lower positive predictive value for the same screening test.

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83. (C) Information bias
Information bias occurs when there are systematic differences in how data on exposures or outcomes are collected from different study groups. This can result from errors in measurement, misclassification of disease status, or biased interviewing techniques. Such errors lead to an incorrect estimate of the association between the variables being studied. Information bias must be addressed during the design phase to ensure the accuracy and validity of the final research findings.

84. (D) Placebo effect
The placebo effect occurs when a participant in a study experiences a perceived or actual improvement in their health after receiving an inactive treatment, such as a sugar pill. This improvement is driven by the participant's belief in the treatment's efficacy rather than the biological action of the substance itself. In clinical trials, using a control group that receives a placebo helps researchers distinguish the true therapeutic effect.

85. (B) 1, 2, and 3 only
Biostatistics encompasses the application of statistical methods to biological and health data.

101. (C) A network of selected, large clinics is required to report weekly data on influenza-like illness.
Sentinel surveillance involves the systematic collection of health data from a limited number of carefully selected reporting sites, such as specific clinics or hospitals. This method is used to monitor trends in common diseases or detect outbreaks efficiently. By focusing resources on a few high-quality sites, public health officials can obtain more detailed information than is typically available through passive systems. It provides a representative snapshot of health events in the broader population.

102. (B) The first case to be discovered or identified in the outbreak.
In an epidemic investigation, the index case is the first individual identified by health authorities who is part of the outbreak. This person may not be the very first person to fall ill, but they are the case that brings the epidemic to the attention of public health officials. Identifying the index case is crucial for tracing the source of the infection and understanding the initial transmission patterns that led to the outbreak.

103. (D) All people with the disease will test positive.
A screening test with one hundred percent sensitivity will correctly identify every single individual who has the disease. This means there are no false negative results; anyone who has the condition will receive a positive test result. Such a test is highly effective for ruling out a disease, as a negative result provides absolute certainty that the person is healthy. However, high sensitivity alone does not guarantee that every positive result is accurate.

104. (A) Both Statement I and Statement II are correct.
Confounding is a distortion of results that can often be managed after data collection through techniques like stratification or multivariable modeling. In contrast, selection bias, which occurs when participants are not representative, is much harder to correct once the study is finished. Therefore, selection bias is best controlled during the initial design phase through careful recruitment strategies. Both concepts are essential for ensuring the internal validity of an epidemiological study.

105. (A) 1, 2, 3, 4
Different study designs offer varying levels of control over confounding. Cross-sectional studies provide the least control as they only provide a snapshot in time. Case-control studies offer more control through matching but are limited. Cohort studies allow for better control by establishing temporality. Randomized controlled trials provide the highest level of control, as random assignment balances both known and unknown confounders between study groups, creating the most comparable populations.

106. (A) Qualitative variable
A qualitative variable, also known as a categorical variable, represents characteristics or attributes that can be used to group or categorize a population. These variables are descriptive in nature and do not have numerical values that carry mathematical meaning. Examples include gender, race, or geographic region. By using qualitative variables, researchers can organize data into meaningful segments to compare health outcomes or exposures across different groups within a study population.

107. (D) Number of hospital admissions
A discrete quantitative variable is one that can only take on specific, distinct values, usually whole numbers, because the data is obtained by counting. The number of hospital admissions is a discrete variable because a person can be admitted one, two, or three times, but not two and a half times. This differs from continuous variables like height or temperature, which can take any value within a range, including fractions and decimals.

108. (B) Sampling frame
A sampling frame is a complete and accurate list of all individuals or units within the target population from which a sample is drawn. This list provides the basis for selecting participants using various sampling techniques. Having a high-quality sampling frame is essential for ensuring that the sample is representative of the entire population. If the frame is incomplete or biased, the results of the study may not be generalizable to the intended group.

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interval includes this value, it means the results are not statistically significant at the five percent level. In this case, researchers cannot rule out the possibility that the observed association occurred by chance alone. This suggests that the relationship is weak or the sample size was insufficient.

94. (D) The total person-time at risk.
Incidence density, or the incidence rate, uses person-time in the denominator to account for the different amounts of time each individual was followed in a study. Person-time represents the sum of the periods that each person was at risk of developing the outcome. This approach is more precise than using the total population because it factors in individuals who enter or leave the study at different times, providing a more accurate measure.

95. (B) P-4, Q-3, R-2, S-1
Recall bias involves differential memory of past events, while selection bias occurs when compared groups are systematically different. Interviewer bias results from systematic differences in how information is solicited or interpreted. Confounding happens when a third factor is related to both the exposure and the outcome, potentially distorting the results. Understanding these various types of bias and confounding is essential for ensuring the accuracy and validity of epidemiological research findings.

96. (B) To provide evidence for preventing and controlling disease in populations.
Epidemiology is the foundational science of public health, focusing on the patterns and causes of health-related events in populations. Its primary objective is to generate evidence that can be used to develop effective strategies for preventing and controlling diseases. By identifying risk factors and monitoring health trends, epidemiologists provide the necessary information for policy development and the implementation of interventions that improve the health and well-being of entire communities.

97. (B) The unit of observation is a group, such as a city or country.
Ecological studies are a type of observational research where the unit of analysis is a group or population rather than individuals. Researchers compare aggregate data, such as average income and disease rates, across different geographic areas or over different time periods. These studies are often used to generate hypotheses about potential associations between environmental or social factors and health outcomes, as they are relatively inexpensive and easy to conduct using existing data.

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98. (A) The inability to link exposure and disease in individuals, leading to the ecological fallacy.
The most significant limitation of ecological studies is the ecological fallacy, which occurs when an association observed at the group level is incorrectly assumed to apply to individuals. Because these studies use aggregate data, researchers cannot confirm that the specific individuals who were exposed are also the ones who developed the disease. This lack of individual-level data makes it impossible to establish definitive causal relationships, limiting the findings to hypothesis generation only.

99. (C) Their exposure status.
In a prospective cohort study, researchers begin by identifying a group of individuals who are free of the disease being studied. Participants are then classified into groups based on their exposure to a specific risk factor. These groups are followed forward in time to see who develops the disease. This design allows researchers to determine if the exposure preceded the outcome, which is a critical requirement for establishing a causal relationship.

100. (B) 1, 2, 3, and 5
Case-control studies are efficient for investigating rare diseases and conditions with long latency periods because they start with cases already identified. They are relatively quick and inexpensive compared to cohort studies. However, they are prone to recall bias and are not ideal for studying rare exposures. Importantly, these studies cannot directly calculate incidence rates because the proportion of cases is determined by the researcher rather than occurring naturally in a cohort.

117. (C) Incidence (specifically, cumulative incidence)
An attack rate is a specialized form of cumulative incidence that is typically used to measure the frequency of disease during a short-term outbreak or epidemic. It represents the proportion of a specific population that develops the illness over a limited period following an exposure. Like all incidence measures, it focuses on the occurrence of new cases, making it essential for identifying the source and magnitude of outbreaks in foodborne or infectious disease investigations.

118. (B) Exposure information is collected before the outcome occurs, reducing recall bias.
The primary advantage of a prospective cohort study is that researchers collect data on exposures before any participants develop the disease. This temporal sequence ensures that the information is not influenced by the knowledge of the outcome, which significantly reduces the risk of recall bias. In contrast, retrospective studies rely on existing records or memory, which can be less accurate. This prospective approach provides stronger evidence for establishing a causal link between exposure and disease.

119. (D) A double-blind study
In a double-blind randomized clinical trial, neither the participants nor the investigators who interact with them know which individuals are receiving the active treatment and which are receiving the control or placebo. This design is used to minimize both subject and observer bias, ensuring that expectations do not influence how symptoms are reported or how the results are recorded. It is considered a rigorous standard for evaluating the true efficacy of medical interventions.

120. (A) Both A and R are true and R is the correct explanation of A.
Sentinel surveillance focuses on collecting high-quality health data from a limited number of carefully selected sites rather than trying to gather data from every provider. This targeted approach allows for more intensive training and better resource allocation, leading to more complete and detailed information than is usually found in passive systems. By concentrating on these specific sites, public health officials can accurately monitor trends and detect changes in disease patterns within the broader community.

121. (C) Incubation period
The incubation period is the time interval between the initial exposure to an infectious agent and the first appearance of clinical signs or symptoms of the disease. This period varies significantly depending on the pathogen and the host's immune response. Understanding the incubation period is essential for epidemic investigations, as it helps identify the likely time of exposure and guides the implementation of control measures, such as quarantine or contact tracing.

122. (A) Case-control study
This research design is a case-control study because it begins by identifying individuals based on their disease status—one hundred people with lung cancer (cases) and one hundred without (controls). The researchers then look back in time to compare the smoking history of both groups. This retrospective approach is efficient for studying rare or chronic conditions and allows for the calculation of an odds ratio to determine the association between smoking and cancer.

123. (D) Incidence will remain the same, prevalence will increase.
If a new test detects a chronic disease earlier but does not change the disease's course or outcome, the observed incidence remains the same because the same number of people eventually develop the condition. However, because the disease is diagnosed sooner, each person spends more time living as a "case" of that disease. This increased duration leads to an increase in the number of existing cases in the population at any given time, thus increasing prevalence.

124. (B) The degree to which the study's results are free from systematic error or bias.
Validity in research refers to the internal accuracy of a study and the extent to which its results reflect the truth. A study is considered valid if it is free from systematic errors, such as selection bias, information bias, or uncontrolled confounding, that could distort the measured association. Ensuring high validity is essential for making correct conclusions about the relationship between exposures and health outcomes, forming the basis for sound public health recommendations.

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109. (C) Cluster sampling
Cluster sampling is a probability sampling technique where the population is divided into pre-existing groups, or clusters, such as neighborhoods or schools. Researchers then randomly select a subset of these clusters and survey all individuals within them. This method is often more practical and cost-effective than simple random sampling, especially when the population is widely dispersed geographically. It allows for efficient data collection while maintaining a level of randomness in the selection process.

110. (D) Median
The median is the middle value in a dataset when the observations are ordered from smallest to largest. It is the most appropriate measure of central tendency for highly skewed data because it is not influenced by extreme values or outliers. Unlike the mean, which can be pulled toward the tail of a distribution, the median provides a more accurate representation of the typical value in the dataset, ensuring a more balanced description.

111. (A) The spread or dispersion of data around the mean.
The standard deviation is a fundamental statistical measure that quantifies the amount of variation or spread in a dataset. It indicates how much the individual observations typically deviate from the mean. A small standard deviation suggests that the data points are clustered closely around the average, while a large standard deviation indicates that the values are spread over a wider range. This measure is essential for understanding the consistency and reliability of data.

112. (B) Failing to reject a false null hypothesis.
A Type II error, also known as a false negative, occurs when a researcher fails to reject a null hypothesis that is actually false. This means the study concludes that no effect or association exists when one truly does. The probability of making this error is influenced by factors such as a small sample size or a weak effect. Reducing Type II errors is essential for ensuring that important health associations are not missed.

113. (B) Compare the means of three or more groups.
Analysis of Variance, or ANOVA, is a statistical test used to determine if there are any significant differences between the means of three or more independent groups. It assesses whether the variation between the groups is greater than the variation within the groups. If a significant difference is found, further testing is often required to identify which specific groups differ. ANOVA is commonly used in research to compare health outcomes across multiple treatment groups.

114. (A) Data analysis
Data analysis is the systematic process of cleaning, organizing, and summarizing raw information to identify patterns and draw meaningful conclusions. It involves using descriptive statistics to summarize the data's main features and inferential statistics to test hypotheses. Through this process, researchers transform raw data into information that can be interpreted and used to support evidence-based decisions in public health and clinical medicine. Effective analysis is essential for accurate research findings.

115. (C) 2, 3, and 4 only
Epidemiology has several key applications in public health, including studying the natural history and prognosis of diseases to understand how they progress. It is also used to evaluate the effectiveness of preventive and therapeutic measures and provides the evidence base needed for developing public policy. While epidemiological data informs clinical decisions, the direct diagnosis of individual patients is a function of clinical medicine rather than a primary use of the science of epidemiology.

116. (D) The odds of exposure among the diseased are three times the odds among the non-diseased.
An odds ratio is a measure of association used primarily in case-control studies. An odds ratio of three point zero indicates that the odds of having been exposed to a specific risk factor are three times higher among the individuals with the disease (cases) compared to those without the disease (controls). This suggests a strong positive association between the exposure and the outcome, though it does not directly represent the risk of developing the disease.

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one point zero, such as zero point seven, suggests that the exposure is associated with a lower risk of the outcome. Specifically, a relative risk of zero point seven represents a thirty percent reduction in the risk compared to the unexposed group.

149. (C) Reliability (or precision)
Reliability, also known as precision, refers to the consistency and repeatability of a research study or measurement tool. A study is reliable if it produces the same results when it is repeated under similar conditions. This is essential for ensuring that findings are stable and not just the result of random fluctuation. While validity focuses on the truth or accuracy of the results, reliability focuses on the dependability of the methods used to obtain those results in science.

150. (A) 1, 2, 5, 3, 4
Conducting a hypothesis test follows a systematic sequence of steps to ensure a rigorous statistical conclusion. First, researchers state the null and alternative hypotheses and set the significance level. Next, they collect the data needed for the analysis. After data collection, they calculate the appropriate test statistic based on the findings. Finally, they compare the statistic to critical values or use a p-value to make a formal statistical decision about whether to reject the null hypothesis.

151. (D) Reviewing and analyzing existing medical records from a hospital.
Primary data collection involves gathering original information directly for a specific research purpose through methods like surveys, questionnaires, or biological sampling. In contrast, reviewing existing medical records is an example of secondary data analysis because the information was originally collected for patient care rather than for the researcher's study. While medical records are a valuable source for epidemiological research, they are classified as secondary data because they were created by someone else for a different primary purpose.

152. (A) Both the participant and the investigator
In a double-blind randomized clinical trial, the treatment assignment is kept secret from both the study participants and the investigators who interact with them or evaluate their outcomes. This rigorous design is used to prevent the expectations of either group from biasing the results. By ensuring that neither the subject nor the researcher knows who is receiving the intervention versus the control, the study can more accurately measure the true effect of the treatment being evaluated.

153. (C) 85%
Specificity is an epidemiological measure that indicates the proportion of people without a disease who correctly receive a negative screening test result. In this example, eighty-five out of one hundred individuals known to be free of the disease tested negative. Therefore, the specificity of the test is eighty-five percent. This means the test correctly identified eighty-five percent of healthy individuals, while fifteen percent received a false positive result. Specificity is essential for minimizing incorrect diagnoses.

154. (A) Incidence density rate
Incidence density is a measure of the frequency of new disease cases in a population that accounts for the varying amounts of time individuals are followed in a study. By dividing the number of new cases by the total person-years of observation, researchers can calculate a rate that is more precise than simple cumulative incidence. This approach is particularly useful in dynamic populations, such as factory workers, where people may enter or leave the study at different times.

155. (A) 1, 2, and 3
A variable is considered a confounder if it meets three specific criteria: it must be associated with the exposure, it must be an independent risk factor for the outcome, and it must not be on the causal pathway between the exposure and the outcome. Confounding can distort the true relationship between variables, making an association appear stronger or weaker than it actually is. While randomization helps control for confounding, it is not a defining characteristic of the confounder itself.

156. (B) Study participants alter their behavior because they are aware of being observed.
The Hawthorne effect is a type of participant bias that occurs when individuals in a study change their behavior because they know they are being watched or evaluated. This alteration can lead to

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125. (D) All of the above
Public health researchers rely on a wide variety of data sources to monitor population health and study disease patterns. These include disease registries, which track specific conditions over time, and vital statistics like birth and death certificates. Surveys of physicians, hospital discharge data, and environmental monitoring systems also provide critical information. Combining these various sources allows for a comprehensive understanding of health trends and helps in the planning and evaluation of public health interventions.

126. (D) Snowball sampling
Snowball sampling is a non-probability sampling technique where existing study subjects recruit future participants from among their acquaintances. This method is particularly useful for reaching hidden or hard-to-reach populations, such as individuals with rare diseases or those involved in sensitive behaviors. As more people are referred, the sample size grows like a snowball. While effective for recruitment, this method can introduce bias because the participants are likely to share similar characteristics and social networks.

127. (A) Correctly rejecting a false null hypothesis.
The power of a statistical test is the probability that it will correctly identify a true effect or association when one exists in the population. In other words, it is the probability of correctly rejecting the null hypothesis when it is actually false. High statistical power is essential for ensuring that research studies do not miss important health findings. Power is influenced by several factors, including the sample size, the significance level, and the effect size.

128. (B) True positives + False negatives (All diseased)
Sensitivity is the proportion of people who truly have a disease who receive a positive test result. In the mathematical formula, the numerator is the number of true positive results. The denominator is the total number of individuals in the population who actually have the disease, which is the sum of those who tested positive (true positives) and those who were incorrectly identified as healthy by the test (false negatives). This measure reflects test effectiveness.

129. (B) The screening test must be 100% accurate.
A successful screening program must address an important health problem with a well-understood natural history and available treatments. While the screening test should be valid and reliable, it does not need to be one hundred percent accurate, as most tests have some level of false positives or false negatives. The goal is to provide a safe and cost-effective way to detect disease in an early stage, balancing the benefits of detection with the limitations of the test.

130. (B) P-3, Q-4, R-1, S-2
Endemic disease represents the usual, expected level in an area, while an epidemic is an occurrence clearly in excess of that level. A pandemic is a widespread epidemic that affects multiple countries or continents. An outbreak is a more localized occurrence of disease, often on a smaller scale than an epidemic. These terms categorize health events based on their scale and frequency, helping public health officials determine the appropriate level of response needed to protect populations.

131. (C) The use of randomization in selection.
The fundamental difference between probability and non-probability sampling is the use of random selection. In probability sampling, every individual in the population has a known, non-zero chance of being selected, which allows researchers to generalize the findings to the larger population. Non-probability sampling does not use random assignment, meaning that participants are often chosen based on convenience or specific criteria, which makes it impossible to accurately calculate sampling error or ensure representativeness.

132. (D) A series of progressively taller peaks.
A propagated source epidemic occurs when an infectious disease is spread from person to person. The resulting epidemic curve typically shows a series of progressively taller peaks, with each peak representing a new wave of infections. The distance between these peaks often reflects the average incubation period of the disease. This pattern differs from a point source epidemic, which has a single, sharp peak because everyone was exposed at the same time from one source.

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133. (D) Statement I is incorrect, but Statement II is correct.
Public health surveillance is defined as an ongoing and systematic process rather than a one-time activity. It involves the continuous collection and analysis of data to monitor health trends over long periods. The primary goal of surveillance is to provide timely and accurate information that can be used to guide public health action, such as detecting outbreaks or evaluating health programs. Therefore, its purpose is fundamentally about using data to inform and improve health interventions.

134. (B) It is efficient for studying diseases with long latency periods.
One of the primary advantages of a case-control study is its efficiency in investigating diseases that take a long time to develop. Since the study begins with people who already have the condition, researchers do not need to wait for years to see who becomes ill. This makes it a faster and less expensive option than prospective cohort studies. Case-control designs are also well-suited for studying rare diseases, where finding enough cases in a cohort would be difficult.

135. (D) Randomization
Randomization is the most powerful method for controlling confounding during the design phase of an experimental study. By assigning participants to treatment or control groups by chance, researchers ensure that both known and unknown confounding variables are distributed equally between the groups. This process makes the groups comparable at the beginning of the study, allowing any observed differences in outcomes to be more confidently attributed to the intervention itself rather than to other underlying factors.

136. (A) Defining the population at risk (denominator) to calculate rates.
The "denominator problem" in epidemiology refers to the difficulty of accurately identifying and counting the total population at risk for a specific health event. An accurate denominator is essential for calculating rates, such as incidence and prevalence. Without knowing how many people could potentially develop the disease, it is impossible to determine the true magnitude of the health problem. Challenges in defining this group can arise from population migration, incomplete census data, or changing health status.

137. (C) Interquartile range
Measures of dispersion, such as the interquartile range, describe the spread or variability within a dataset. The interquartile range specifically measures the distance between the twenty-fifth and seventy-fifth percentiles, representing the middle fifty percent of the observations. This measure is particularly useful for skewed data because it is not influenced by extreme outliers. In contrast, measures like the mean and median focus on the center of the data rather than how widely the values are distributed.

138. (A) There is no association between the exposure and the disease.
A relative risk of one point zero indicates that the risk of the disease is exactly the same in both the exposed group and the unexposed group. This suggests that there is no statistical association between the exposure being studied and the health outcome. In epidemiological research, this is the null value. A result close to one point zero often leads researchers to conclude that the specific exposure is neither a risk factor nor a protective factor for the disease.

139. (D) The PVP will be low, even with a good test.
The positive predictive value of a screening test is strongly influenced by the prevalence of the disease in the population. When a disease is very rare, the number of healthy people is much larger than the number of diseased people. Even with a highly specific test, the absolute number of false positives can exceed the number of true positives. This results in a low positive predictive value, meaning many people who test positive will not actually have the disease.

140. (D) All of the above
Investigating an epidemic involves several essential steps to understand and control the outbreak. Researchers must confirm that an epidemic exists by comparing current case counts to historical data and verify the diagnosis of reported cases to ensure accuracy. Identifying and counting all cases allows for a complete description of the event. Simultaneously, health officials must implement immediate control

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measures to stop the spread of the disease and protect the public while the investigation continues.

141. (C) incidence; case-fatality rate
The number of new COVID-19 cases identified each day is a measure of incidence, reflecting the frequency of new health events in the population. The proportion of those cases that result in death is known as the case-fatality rate, which measures the severity of the disease among those who are infected. Together, these two measures provide essential information about both the spread and the lethality of the disease, guiding public health responses and resource allocation.

142. (D) Continuous variable
A continuous variable is a type of quantitative data that can take on any numerical value within a given range, including fractions and decimals. This means there is a potentially infinite number of possible values between any two points. Common examples include height, weight, and blood pressure. Continuous variables allow for precise measurements and are analyzed using specific statistical methods, such as t-tests and correlation, to understand patterns and relationships in biological and health-related data.

143. (A) To ensure the study has adequate statistical power to detect a meaningful effect.
The primary reason for calculating sample size before starting a study is to ensure that the research has enough statistical power to detect a meaningful difference or association if one truly exists. If a sample is too small, the study may lack the precision needed to achieve a statistically significant result, leading to a Type II error. By determining the correct sample size upfront, researchers can ensure their findings are reliable while also being efficient with resources.

144. (B) Mean > Median > Mode
In a positively skewed distribution, the data has a long tail that extends toward the higher values on the right side of the graph. This tail pulls the mean toward the higher end of the scale, making it the largest measure of central tendency. The median remains in the middle, while the mode, which represents the most frequent value, is located at the peak on the left. This relationship is a key characteristic of skewed data.

145. (A) Both A and R are true and R is the correct explanation of A.
The odds ratio calculated from a case-control study is a mathematical approximation of the relative risk, which is the preferred measure in cohort studies. This approximation is considered valid only when the disease being studied is rare in the general population. In such cases, the odds of exposure closely reflect the actual risk because the number of cases is very small relative to the total population. This relationship allows researchers to estimate risk when direct calculation is impossible.

146. (A) Two continuous variables
A scatter plot is a graphical tool used to display and examine the relationship between two continuous quantitative variables. Each observation is plotted as a single point, with its position determined by its values for both variables. This visualization helps researchers identify the direction and strength of any correlation, as well as the presence of outliers. It is a fundamental step in data analysis before performing more complex statistical modeling like linear regression to understand biological links.

147. (C) Its use of an explicit comparison group.
The defining feature of analytical epidemiology is the use of a comparison group to test specific hypotheses about the relationship between exposures and health outcomes. While descriptive epidemiology focuses on characterizing the patterns of disease by person, place, and time, analytical epidemiology compares different groups—such as those with and without a specific exposure—to determine if there is a statistical association. This comparative approach is essential for identifying risk factors and establishing potential causal relationships in health.

148. (D) The exposure is associated with a 30% reduction in risk.
Relative risk measures the ratio of the risk of an outcome in an exposed group compared to an unexposed group. A relative risk of one point zero indicates no difference in risk. A value less than

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Core components include the careful design of experiments and surveys, the systematic collection and analysis of data, and the accurate interpretation and communication of results. These processes are essential for making evidence-based public health decisions. However, prescribing individual treatment plans is a clinical medical task rather than a core function of biostatistics, which focuses on broader data patterns and analysis.

86. (B) Interval
Interval data represents numerical variables where the distance between values is equal and meaningful, but there is no absolute or true zero point. Temperature measured in Celsius or Fahrenheit is a perfect example, as zero degrees does not indicate the complete absence of heat. Because there is no true zero, researchers can add or subtract these values, but they cannot meaningfully calculate ratios or say that one temperature is twice as hot.

87. (D) A national census dataset.
Secondary data refers to information that has already been collected by another person or organization for a different purpose but is later used for research. A national census dataset is a primary example of secondary data because the government originally collected it for administrative and demographic purposes. Researchers can then analyze this existing information to study population trends without having to conduct their own large-scale data collection efforts directly.

88. (A) Systematic sampling
Systematic sampling is a probability sampling method where researchers select participants at regular intervals from a list of the population. In this example, choosing every tenth person is a systematic approach. This technique is often easier to implement than simple random sampling and can provide a representative sample if the population list is not ordered in a way that introduces bias. It requires a random starting point to remain valid.

89. (C) The expected variability of the outcome measure
Estimating the required sample size depends on several statistical factors, including the desired significance level and power. One of the most critical elements is the expected variability or standard deviation of the outcome measure in the population. When data is highly variable, a larger sample size is needed to accurately detect a difference or effect. Researchers must estimate this variability using pilot studies or existing literature to ensure the study's success.

90. (A) Both A and R are true and R is the correct explanation of A.
Precision in epidemiological estimates refers to how close the sample results are to the true population value. A larger sample size reduces the impact of random sampling error, making the estimate more reliable. This increased precision is visually represented by narrower confidence intervals. By including more observations, researchers can be more confident that their findings reflect reality, as larger samples provide a more stable and accurate representation of the broader target population.

91. (D) Assess the association between two categorical variables.
The Chi-square test is a statistical method used to determine if there is a significant association between two categorical variables, such as smoking status and the presence of a disease. It compares the observed frequencies in each category to the frequencies that would be expected if no association existed. A significant result suggests that the two variables are related, allowing researchers to explore potential links between specific exposures and health outcomes.

92. (B) The median, quartiles, and range of a dataset.
A box plot, also known as a box-and-whisker plot, is a graphical tool that provides a summary of a dataset's distribution. It clearly displays the median, the interquartile range (the middle fifty percent of the data), and the overall range from the minimum to the maximum values. This visualization is particularly useful for identifying outliers and comparing the spread and skewness of data across different groups within a study.

93. (C) The observed association could be due to chance.
An odds ratio of one point zero indicates that there is no association between the exposure and the outcome. If a ninety-five percent confidence

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results that do not accurately reflect their typical behaviors in a natural setting. In research, this effect can distort the findings and make it difficult to determine the true impact of an intervention, highlighting the importance of using control groups and unobtrusive observation.

157. (C) It has a sharp, single peak representing a cluster of cases over a short time.
A common point source epidemic curve is visually distinct, showing a sharp, single peak in the number of cases. this pattern occurs because a group of people was exposed to the same source of infection, such as contaminated food, at approximately the same time. The rapid increase and subsequent decline reflect the concentrated exposure period and the varying incubation times of the pathogen. This curve is an essential tool for identifying the likely source of an outbreak.

158. (D) They allow for the direct calculation of incidence rates and relative risk.
One of the greatest strengths of a cohort study is that it follows a group of people from exposure to the development of a disease. This prospective design allows researchers to directly calculate incidence rates in both exposed and unexposed groups. From these rates, the relative risk can be determined, providing a clear measure of the strength of the association between the exposure and the outcome. This ability to establish temporality makes cohort studies powerful for causal inference.

159. (A) Both Statement I and Statement II are correct.
Biostatistics is the specialized application of statistical methods to solve problems in biology, medicine, and public health. It encompasses both descriptive statistics, which summarize data, and inferential statistics, which allow researchers to draw broader conclusions about a population based on sample findings. By using these quantitative tools, scientists can analyze health trends, test new treatments, and evaluate public health programs, ensuring that medical and health policy decisions are based on rigorous data analysis and sound reasoning.

160. (B) Pain scale rated as mild, moderate, or severe
Ordinal data consists of categorical variables that have a clear, natural ranking or order, although the numerical distance between the categories is not defined. A pain scale rated as mild, moderate, or severe is a classic example of ordinal data because there is a logical progression in intensity. This type of information allows researchers to compare the relative severity of conditions across different groups, even though they cannot precisely measure the difference between “mild” and “moderate” pain.

161. (B) Retrospective cohort study
A retrospective cohort study is an efficient design for investigating the health effects of a specific exposure when historical records are available. In this scenario, researchers can identify workers who were exposed to the rare chemical in the past and compare their health outcomes to a group of unexposed workers. This approach is faster and less expensive than a prospective study because the outcomes have already occurred. It allows for the direct calculation of incidence and relative risk.

162. (A) Stratified random sampling
Non-probability sampling techniques, such as convenience, quota, and purposive sampling, do not involve random selection and do not give every member of the population a known chance of being chosen. In contrast, stratified random sampling is a probability sampling method. It involves dividing the population into subgroups based on specific characteristics and then randomly selecting participants from each group. This ensures that the final sample is more representative and allows for the calculation of sampling error and generalizable results.

163. (C) We are 95% confident that the interval (20.5, 30.5) contains the true population mean.
A confidence interval provides a range of values that is likely to include the true population parameter based on sample data. Saying we are ninety-five percent confident means that if we were to repeat the study many times and calculate an interval each time, ninety-five percent of those intervals would contain the actual population mean. This measure accounts for the uncertainty in sampling and gives researchers a range that reflects the precision of their estimated average value.

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the complete absence of the characteristic being measured, such as weight or income. This allows for meaningful comparisons of magnitude. In contrast, interval data, like temperature in Celsius, has a zero point that is arbitrary and does not mean "nothing." Consequently, while interval data shows equal spacing, only ratio data allows for ratio calculations.

179. (C) Cluster sampling
This research method is an example of cluster sampling. In this approach, the researcher divides the large population into smaller, naturally occurring groups called clusters—in this case, city blocks. Instead of sampling individuals across the entire city, the researcher randomly selects a subset of these blocks and interviews everyone within them. Cluster sampling is often more practical and efficient than other probability methods when the population is widely dispersed or when a complete sampling frame is unavailable.

180. (A) 3, 1, 2, 4
The history of epidemiology is marked by several key milestones. Edward Jenner developed the smallpox vaccine in the late eighteenth century. In the mid-nineteenth century, John Snow conducted his landmark investigation of cholera in London. During the mid-twentieth century, Doll and Hill published their pioneering studies on the link between smoking and lung cancer. Finally, HIV was identified as the cause of AIDS in the nineteen-eighties. These events illustrate the field's evolution from infectious disease control to chronic conditions.

181. (C) The sample is unlikely to be representative of the target population.
Convenience sampling is a non-probability method where participants are chosen based on their easy availability to the researcher. The most significant problem with this approach is that the people who are easiest to reach may not reflect the characteristics of the broader target population. This lack of representativeness leads to selection bias, which compromises the external validity of the study. Consequently, the findings cannot be accurately generalized to the larger community with any known level of statistical confidence.

182. (B) Commit a Type II error (false negative).
Statistical power is the ability of a study to detect an effect or association if one truly exists. When a study has low power, usually due to a small sample size, it is less likely to achieve a statistically significant result. This increases the probability of committing a Type II error, also known as a false negative, where researchers incorrectly conclude that there is no relationship between variables. High power is essential for ensuring that important research findings are not missed.

183. (D) A histogram or box plot
Visualizing the distribution of a single continuous variable is best achieved using a histogram or a box plot. A histogram displays the frequency of values within specific intervals, revealing the shape, center, and spread of the data. A box plot provides a summary of the median, quartiles, and range, highlighting potential outliers. These tools are essential for identifying patterns, such as normal distribution or skewness, before performing more advanced statistical analyses on the collected health data.

184. (A) Statistical significance refers to the unlikelihood of the result being due to chance, while clinical significance refers to its practical importance for patients or public health.
Statistical significance is a mathematical determination that an observed effect is unlikely to have occurred by chance alone. In contrast, clinical significance refers to whether that effect is large enough to be meaningful in a practical, real-world setting. A study may find a statistically significant result due to a very large sample size, even if the actual difference is too small to benefit patients or impact public health policy. Both concepts are critical for accurate data interpretation.

185. (A) 1, 2, 3, and 4
Epidemiological study designs vary in their approach and timing. Case-control studies are retrospective, looking back from disease to exposure. Cohort studies follow groups over time and can be prospective or retrospective. Cross-sectional studies provide a snapshot of health at a single point. Experimental studies involve direct manipulation of an intervention. However, ecological studies are characterized by using aggregate, group-level data rather than

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171. (D) To detect a disease in its early, asymptomatic stage.
The primary objective of screening is to identify individuals in a population who may have a particular disease but do not yet show any clinical symptoms. By detecting conditions in their early, asymptomatic stages, screening programs allow for earlier intervention and treatment, which can lead to better health outcomes and a higher chance of successful recovery. Screening is a preventive public health measure focused on healthy individuals rather than a diagnostic tool for those already feeling ill.

172. (B) Attributable risk (or Risk Difference)
Attributable risk, also known as risk difference, is a measure that quantifies the excess risk of disease associated with a specific exposure. It is calculated by subtracting the incidence of the disease in the unexposed group from the incidence in the exposed group. This measure provides information on the absolute impact of the exposure and helps public health officials estimate how much of the disease could potentially be prevented if the harmful exposure were completely removed.

173. (C) Information bias (Observational bias)
Information bias, also known as observational bias, occurs when there are systematic errors in the way data on exposures or outcomes are measured or collected. This can happen if researchers use different methods for different study groups or if the measurement tools themselves are flawed. Such errors lead to the misclassification of individuals, which distorts the true association between variables. Addressing potential sources of information bias is critical during the planning phase to ensure research accuracy.

174. (D) Randomization
Randomization is the most effective technique for managing both known and unknown confounders in an epidemiological study. By randomly assigning participants to different groups, researchers ensure that all confounding variables are distributed equally between the groups by chance. This process creates comparable populations, allowing any observed differences in health outcomes to be more confidently attributed to the exposure or intervention being studied rather than to pre-existing differences between the participants in the various study groups.

175. (A) Both A and R are true and R is the correct explanation of A.
Public health surveillance is a foundational activity that involves the continuous and systematic monitoring of health events in a community. The data collected through surveillance systems are vital because they provide the evidence needed to set health priorities, plan effective interventions, and evaluate the success of public health programs. Without this ongoing information, it would be impossible for health officials to make informed decisions or respond quickly to emerging threats and changing patterns of disease.

176. (B) The application of statistical reasoning and methods to subjects in biology, medicine, and public health.
Biostatistics is a specialized field that combines biology and mathematics to address health-related questions. It involves the use of statistical reasoning to design studies, analyze complex biological data, and interpret findings in the context of medicine and public health. By providing tools to manage variability and uncertainty, biostatistics allows researchers to draw valid conclusions about disease patterns, treatment effectiveness, and the impact of health interventions on diverse populations in both clinical and community settings.

177. (B) Ratio
Newborn weight measured in kilograms is an example of ratio data. This type of quantitative data has a meaningful, absolute zero point, as a weight of zero represents the complete absence of mass. Because of this zero point, researchers can perform all arithmetic operations, including calculating ratios. For instance, it is mathematically meaningful to say that one baby weighs twice as much as another. This is the highest level of measurement in statistics for numerical data.

178. (A) Ratio data has a meaningful, absolute zero point, whereas interval data does not.
The fundamental difference between interval and ratio data lies in the nature of the zero point. Ratio data has an absolute zero, which represents

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164. (D) A bar chart
A bar chart is the most effective graphical tool for comparing categorical data, such as the prevalence of a disease across several different countries. Each bar represents a distinct category, and the height of the bar corresponds to the frequency or percentage of the health event in that specific group. This visualization allows for an easy and direct comparison of the magnitude of the disease burden, making it simple to identify which countries have higher or lower prevalence.

165. (C) P-4, Q-2, R-3, S-1
Statistical tests are selected based on the type of data and the research question. The independent t-test compares means in two separate groups, while the paired t-test compares means in related groups. The Chi-square test assesses the association between categorical variables. ANOVA is used to compare the means of a continuous variable across three or more independent groups. Understanding these applications is essential for correctly analyzing study results and making valid conclusions in health research.

166. (B) A set of uniform criteria for determining whether a person has the disease or condition.
A case definition is a crucial tool in an epidemic investigation, providing a standard set of clinical and demographic criteria for identifying individuals who are part of the outbreak. This ensures that cases are counted consistently across different settings and by different researchers. A clear case definition allows for the accurate calculation of attack rates and provides the foundation for descriptive epidemiology. It may include laboratory confirmation, clinical symptoms, and specifics about person, place, and time.

167. (D) The odds of exposure are the same for cases and controls.
An odds ratio is a measure of the association between an exposure and an outcome. An odds ratio of one point zero indicates that there is no difference in the odds of exposure between the group with the disease (cases) and the group without the disease (controls). In epidemiology, this represents the null value, suggesting that the exposure being studied is not associated with an increased or decreased risk of the disease within the population studied.

168. (A) The population is in a steady state (stable incidence and duration).
The mathematical relationship where prevalence equals the product of incidence and disease duration is a simplified model used in epidemiology. This formula is only accurate under the condition that the population is in a "steady state," meaning that both the incidence of the disease and the average duration of the illness remain relatively constant over time. In such stable populations, prevalence provides a reliable reflection of how often new cases occur and how long they persist.

169. (C) They do not establish temporality (cause preceding effect).
The primary limitation of a cross-sectional study for establishing causality is the lack of temporal sequence. Because these studies measure both the exposure and the outcome at a single point in time, it is impossible to determine whether the exposure occurred before the disease began. Causal inference requires that the cause must precede the effect. Therefore, while cross-sectional studies are excellent for measuring prevalence and generating hypotheses, they cannot definitively prove that an exposure caused a health outcome.

170. (B) 1, 3, and 4 only
Epidemiological study designs are broadly classified as observational or experimental. Observational studies, including cohort, case-control, and cross-sectional designs, involve researchers observing and measuring health events without intervening. In contrast, randomized controlled trials are experimental studies because the investigator actively manipulates the exposure by assigning participants to different groups. Understanding this distinction is essential because experimental studies provide stronger evidence for causality by minimizing bias and controlling for confounding through the researcher's direct intervention and randomization.

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individual-level data, which is a key distinction that researchers must consider when interpreting results.

186. (A) The total population at that specific point in time.
Point prevalence is a measure of the total number of existing cases of a disease in a population at a single, specific moment. To calculate this rate, the number of cases is divided by the total number of individuals in the population at that exact same point in time. This provides a snapshot of the disease burden and is essential for assessing the need for health services and resources in a community at any given time.

187. (D) The incidence in the exposed divided by the incidence in the unexposed.
Relative risk is the fundamental measure of association used in cohort studies. It is calculated by dividing the incidence rate of a disease among individuals who were exposed to a specific risk factor by the incidence rate among those who were not exposed. This ratio indicates how much more or less likely the exposed group is to develop the outcome compared to the unexposed group. A relative risk greater than one suggest that the exposure is a risk factor.

188. (B) The bias from early detection making it seem like survival is longer, even if the course of the disease is not changed.
Lead-time bias occurs in screening programs when a disease is detected earlier than it would have been through clinical symptoms. This early diagnosis makes it appear that the person lived longer after being diagnosed, even if the screening did not actually delay the time of death or change the natural course of the disease. This bias can lead to an overestimation of the benefits of screening and must be carefully considered when evaluating the effectiveness of early detection programs.

189. (C) An outbreak of measles in a school.
A propagated source epidemic is characterized by the person-to-person transmission of an infectious agent. A measles outbreak in a school is a classic example, as the virus spreads from one student to another, creating successive waves of infection. The resulting epidemic curve usually shows several peaks that are spaced apart by the incubation period of the disease. This differs from point source outbreaks where everyone is exposed to a single source at the same time, like bad food.

190. (A) Both A and R are true and R is the correct explanation of A.
Case-control studies are highly efficient for investigating rare diseases because they begin with individuals who already have the condition. By identifying cases first and then finding suitable controls, researchers avoid the need to follow an enormous cohort of people for long periods just to observe a few health events. This design significantly reduces the time and cost required for the study, making it a practical and powerful tool for identifying potential risk factors for rare health outcomes.

191. (A) Dependent variable
In statistical research, the dependent variable is the outcome being studied or predicted. It is called “dependent” because its value is expected to depend on the influence of other factors, known as independent variables. For example, in a study on how exercise affects blood pressure, blood pressure is the dependent variable. By observing how the dependent variable changes in response to manipulations or variations in other factors, researchers can identify relationships and potential causal links in health data.

192. (B) Maintaining confidentiality and privacy of individuals.
Maintaining the confidentiality and privacy of individuals is a foundational ethical requirement for collecting and managing public health data. Protecting sensitive health information is essential for building public trust and ensuring that people are willing to participate in research and surveillance activities. Public health organizations must implement strict protocols and legal safeguards to ensure that data are used solely for improving population health while preventing the unauthorized disclosure of personal identifiers that could harm or stigmatize participants.

193. (B) Rejecting the null hypothesis when it is true.
The significance level, denoted by alpha, is the pre-determined probability of committing a Type I error in hypothesis testing. It represents the

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methods depends on the health official's goals, available budget, and the specific nature of the disease being monitored.

209. (B) A negative result is very likely to be a true negative.
The negative predictive value of a screening test is the probability that an individual who receives a negative test result truly does not have the disease. A test with a high negative predictive value is highly reliable for ruling out a condition, as the vast majority of people who test negative are healthy. This provides reassurance to patients and reduces the need for unnecessary follow-up tests. Negative predictive value is influenced by the test's sensitivity and the disease prevalence.

210. (A) Data is analyzed and interpreted to become information, which is used to build knowledge.
The process of transforming raw observations into meaningful insights follows a specific hierarchy. Data consists of raw numbers or facts collected during research. When these data are analyzed and organized into a meaningful context, they become information. Finally, when this information is interpreted and integrated with existing experience and evidence, it becomes knowledge. This progression is essential for making informed decisions and developing effective public health policies based on solid scientific evidence and rigorous analysis.

211. (C) Examining the relationship between smoking status and lung cancer status.
The Chi-square test is the appropriate statistical tool for analyzing the relationship between two categorical variables. In this example, smoking status (smoker vs. non-smoker) and lung cancer status (case vs. control) are both categorical. The test determines if the observed distribution of individuals across these categories differs significantly from what would be expected by chance. This allows researchers to identify potential associations between specific risk behaviors and the occurrence of chronic or infectious health conditions.

212. (D) The total time all participants were at risk of the outcome.
Person-time is a measurement used in the denominator of incidence rates to provide more precision in longitudinal studies. It represents the sum of the total time each participant was followed and remained at risk for the disease before the study ended or they experienced the outcome. This approach accounts for the fact that participants may enter or leave a study at different times, ensuring that the final rate accurately reflects the true frequency of disease occurrence.

213. (C) Create a detailed table of information for each case.
A line listing is a foundational tool used in outbreak investigations to organize data collected from individual cases. It is a detailed table where each row represents a single person and the columns contain specific information such as demographics, clinical symptoms, and exposure history. This structured format allows researchers to quickly identify commonalities among cases and provides the necessary data for performing descriptive epidemiology, which is essential for identifying the source and cause of the epidemic.

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214. (B) Prospective cohort study
A prospective cohort study is the design least susceptible to recall bias because researchers collect data on exposures before any participants develop the disease. Since the outcomes have not yet occurred, participants' reports of their behaviors or environments cannot be influenced by the knowledge of their illness. In contrast, retrospective designs like case-control studies rely on participants' memories of past events, which can be distorted by their current health status, leading to systematic errors in the data.

215. (B) 1, 2, and 3
A valid and effective screening or diagnostic test must possess several key characteristics to be useful in clinical or public health settings. It must have high sensitivity to identify truly diseased individuals and high specificity to correctly identify those who are healthy. Additionally, the test must be reliable, meaning it produces consistent results upon repeated testing. While factors like cost and patient acceptability are important for program implementation, they do not define the intrinsic validity of the test itself.

216. (A) A confounded relationship
In this scenario, the association between carrying a lighter and lung cancer is distorted by a third factor—smoking. Smokers are more

these hypotheses is a separate phase that follows the descriptive work to confirm potential causes.

201. (C) It is measured and expressed numerically.
Quantitative data is a type of information that represents quantities and is always expressed in numerical terms. This allows researchers to perform mathematical calculations and use statistical methods to analyze the data. Examples include measurements like blood pressure, height, and the number of reported disease cases. Quantitative data is essential for identifying trends, comparing groups, and testing hypotheses in epidemiology and biostatistics, providing an objective basis for making evidence-based conclusions about population health and interventions.

202. (A) Period prevalence
Period prevalence is an epidemiological measure that quantifies the total number of people who had a specific disease at any time during a defined period, such as a year. It includes both existing cases at the start of the period and all new cases that developed during that time. To calculate the rate, this total count is divided by the average population size during the same period. This measure provides a comprehensive view of the disease burden over time.

203. (D) Lead-time bias
Lead-time bias is a systematic error that occurs when screening detects a disease earlier than it would have been found through normal clinical diagnosis. This earlier detection makes it appear that the person lived longer after diagnosis, giving the false impression that screening has extended their life. In reality, the time of death may not have changed at all. Recognizing this bias is essential for accurately evaluating whether a screening program truly improves survival or just moves the diagnosis earlier.

204. (B) Located at the same point.
A normal distribution, also known as a bell curve, is perfectly symmetrical around its center. In this ideal statistical model, the three main measures of central tendency—the mean, the median, and the mode—are all equal and are located at the exact same point at the peak of the curve. This balance indicates that the data are evenly distributed on both sides of the average, which is a fundamental assumption for many common statistical tests used in health research.

205. (D) All of the above
Cohort studies are powerful analytical designs that follow a group of people from exposure to outcome. They are particularly valuable because they can examine multiple different health outcomes resulting from a single exposure and allow for the direct calculation of incidence rates. While they are ideal for studying rare exposures, such as a specific occupational hazard, they are generally not suitable for studying rare diseases because a massive cohort would be needed to observe enough cases for meaningful analysis.

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206. (D) A large relative risk or odds ratio makes a causal relationship more plausible.
The strength of association is one of the classic criteria for evaluating causality in epidemiology. It suggests that a large and statistically significant measure of association, such as a high relative risk or odds ratio, is more likely to represent a true causal relationship than a weak association. While small associations can also be causal, strong ones are less likely to be entirely due to confounding or bias, providing more robust evidence that the exposure is a cause.

207. (A) Retrospective
A case-control study is fundamentally retrospective because it starts with individuals who have already experienced the health outcome being studied. Researchers then look back in time to assess their past exposures and compare them to the exposures of healthy controls. This design is highly efficient for investigating diseases with long development periods or rare conditions. By working backward from the outcome, researchers can identify potential risk factors without having to wait for the disease to occur naturally.

208. (A) Both Statement I and Statement II are correct.
Passive surveillance is a cost-effective method that relies on providers to report diseases, but it often leads to under-reporting and incomplete data. In contrast, active surveillance involves public health officials proactively seeking out cases, which results in more complete and accurate information. However, active systems are much more resource-intensive and expensive to maintain. Choosing between these two

risk a researcher is willing to take of incorrectly rejecting a null hypothesis that is actually true. Most health studies set alpha at zero point zero five, meaning there is a five percent chance of concluding that an effect exists when it does not. Setting an appropriate alpha is essential for maintaining the scientific rigor of research.

194. (A) Quota sampling
Quota sampling is a non-probability technique where researchers recruit participants who meet specific criteria until a pre-defined number, or quota, is reached for various subgroups, such as age or gender. This ensures that the final sample reflects the proportions of these characteristics found in the broader population. While this method can improve the balance of the sample, it does not use random selection, which means it may still be subject to bias and cannot be fully generalized statistically.

195. (B) P-4, Q-1, R-3, S-2
Randomized controlled trials use several features to ensure accuracy. Randomization creates comparable groups to control for confounding. Blinding is used to minimize both observer and subject bias by keeping group assignments secret. A placebo, which is an inert substance, allows for a fair comparison of the active treatment's effect. The control group provides a necessary baseline for comparison. Together, these elements form the foundation of experimental research, allowing for the rigorous evaluation of new medical interventions.

196. (D) To prevent, control, and treat disease in populations.
The ultimate objective of epidemiology is to apply scientific evidence to protect and improve public health. While identifying disease determinants and accurately counting cases are essential steps, the final goal is to use this knowledge to develop effective strategies for preventing, controlling, and treating diseases within entire populations. By translating research findings into public health actions and policies, epidemiologists work to reduce the burden of illness and enhance the well-being and health outcomes of diverse communities.

197. (C) All causal relationships will show a statistical association.
In epidemiology, a statistical association between an exposure and an outcome is a necessary but not sufficient condition for establishing causality. While every true causal relationship will manifest as a statistical association in a well-designed study, not every association is causal. Associations can also result from chance, bias, or confounding. Therefore, researchers must evaluate multiple criteria beyond just the statistical link, such as temporality and biological plausibility, to determine if a relationship is truly causal in nature.

198. (B) A protective factor
An odds ratio is a measure of association between an exposure and a health outcome. An odds ratio of one point zero indicates no association. When the odds ratio is significantly less than one point zero, it suggests that individuals who were exposed to the factor have lower odds of developing the disease compared to those who were not exposed. In this context, the exposure is considered a protective factor, meaning it may actually help reduce the risk of the disease.

199. (D) Its ability to correctly distinguish between those with and without the disease.
The validity of a diagnostic or screening test refers to its ability to accurately identify who has a disease and who does not. It is measured by sensitivity, which is the ability to correctly identify diseased individuals, and specificity, which is the ability to correctly identify healthy individuals. A highly valid test will have few false positives and false negatives. Ensuring test validity is essential for making correct clinical decisions and implementing effective public health screening programs in populations.

200. (A) 1, 2, and 3 only
Descriptive epidemiology is the phase of an investigation focused on characterizing an outbreak by person, place, and time. Key activities during this phase include developing a clear case definition, constructing an epidemic curve to visualize the timeline, and creating a line listing to organize individual case data. These steps allow researchers to identify patterns and generate hypotheses. Performing analytical studies to test

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likely to carry lighters and are also much more likely to develop lung cancer. If smoking is not accounted for in the analysis, the researcher might incorrectly conclude that the lighter itself is the cause. This is a classic example of a confounded relationship, where a confounding variable creates a misleading association between exposure and outcome.

217. (C) Comparing blood pressure before and after a medication in the same group of patients.
A paired t-test is used to compare the means of a continuous variable from two related groups. This occurs when the same individuals are measured twice, such as before and after receiving a medical treatment. This test accounts for the fact that the two sets of observations are not independent. By comparing the differences within each individual, the paired t-test provides a more powerful and precise way to determine if an intervention had a significant effect on health outcomes.

218. (A) Incidence
Incidence is a fundamental measure in epidemiology that quantifies the number of new cases of a disease that develop in a specific population over a defined period. It reflects the rate at which people transition from being healthy to having the condition, providing a direct measure of risk. Monitoring incidence is essential for identifying emerging health threats, evaluating the effectiveness of prevention strategies, and understanding the transmission dynamics of both infectious and chronic diseases in various communities.

219. (D) They can have ethical concerns and may not be generalizable to the real world.
While randomized controlled trials provide the strongest evidence for causality, they have significant limitations. Assigning participants to harmful exposures is unethical, making these trials impossible for studying many risk factors. Additionally, trials are often conducted under highly controlled conditions with specific participant groups, meaning the results may not accurately reflect how the treatment performs in a broader, more diverse population. These ethical and practical constraints mean that observational studies remain essential in many areas of health research.

220. (A) Both A and R are true and R is the correct explanation of A.
Ecological studies compare aggregate data at the group level, which makes them useful for identifying general trends and generating new research hypotheses. However, researchers must be cautious of the ecological fallacy—the incorrect assumption that an association seen in groups also applies to individual people. Because these studies do not link specific exposures to specific outcomes in individuals, they cannot be used to draw definitive causal conclusions, highlighting the need for more detailed individual-level research designs.

221. (C) Mean
The mean is the arithmetic average of a dataset, calculated by summing all values and dividing by the total number of observations. Because every individual value is included in this calculation, the mean is highly sensitive to extreme values or outliers. A single very large or very small number can pull the mean significantly away from the center of the majority of the data. Consequently, the mean may not be a representative measure for highly skewed distributions.

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222. (D) Evaluate and control for confounding.
Stratification is a powerful analytical technique used to manage confounding by dividing the study population into subgroups based on the confounding variable. Researchers then analyze the relationship between exposure and outcome within each stratum separately. This allows them to see if the association remains consistent across different groups, such as age or gender. If the association changes after stratification, it confirms that confounding was present, helping to provide a more accurate estimate of the true relationship.

223. (A) A disease results from the completion of a sufficient cause, which may be composed of multiple component causes.
The causal pie model, developed by Ken Rothman, illustrates that most diseases do not have a single cause. Instead, an illness occurs when a "sufficient cause" is completed, which is made up of several "component causes" that act together. These components can include biological, environmental, and behavioral factors. This model helps explain why some exposed

individuals develop a disease while others do not, emphasizing that multiple factors must be present for a health outcome to occur.

224. (B) Intuitive
Epidemiological and statistical analyses rely on standardized levels of measurement to categorize data for rigorous analysis. These include nominal, ordinal, interval, and ratio scales. Each type provides a different level of information and requires specific statistical methods. "Intuitive" is not a recognized type of data in these fields because research must be based on objective, measurable, and standardized information rather than subjective feelings or unstructured insights. Using standardized data types ensures that research findings are valid and reproducible.

225. (B) It is prone to selection and recall bias.
While case-control studies are efficient and cost-effective, they have several important limitations. They are highly susceptible to selection bias if the controls are not representative of the population that produced the cases. Additionally, because they rely on participants' memories of past exposures, they are prone to recall bias, where cases may remember events differently than healthy controls. These systematic errors can distort the measured association, potentially leading to incorrect conclusions about the relationship between exposures and disease.

226. (A) Sensitivity and specificity
For a screening test to be considered valid, it must demonstrate a high degree of both sensitivity and specificity. Sensitivity ensures that the test correctly identifies the vast majority of people who have the disease, while specificity ensures that it correctly identifies those who are healthy. These two measures represent the test's fundamental ability to distinguish between diseased and non-diseased individuals. Without acceptable levels of sensitivity and specificity, a screening program may produce too many incorrect results to be useful.

227. (C) Case-control study
A case-control study is a classic retrospective design used in epidemiology. It begins by identifying a group of individuals who already have a specific disease (cases) and a group of similar people who do not have the disease (controls). Researchers then look back in time, often through interviews or record reviews, to compare their past exposures to potential risk factors. This design is particularly effective for studying rare diseases or conditions that take a long time to develop.

228. (D) Analyzing the outbreak by place or geographic location.
In an epidemic investigation, a spot map is a visual tool used to plot the geographic locations where cases reside or where they were likely exposed. By marking each case as a point on a map, researchers can identify clusters of disease and potential sources of environmental exposure. Analyzing the outbreak by place helps health officials determine the boundaries of the epidemic and identify areas that may require targeted interventions to stop further transmission of the illness.

229. (D) Statement I is incorrect, but Statement II is correct.
A p-value of zero point five zero is very high, indicating that the observed results are quite likely to have occurred by chance alone, which does not suggest a strong association. In contrast, if a confidence interval includes the null value—such as one point zero for an odds ratio or zero for a risk difference—it means the results are not statistically significant. In this situation, researchers cannot rule out the possibility that there is no true association between the variables.

230. (B) Randomization
Randomization is the process of assigning participants to different groups in an experimental study, such as a clinical trial, using a method based solely on chance. This ensures that every individual has an equal and independent probability of being in any group. By distributing participant characteristics equally between the groups, randomization minimizes selection bias and balances both known and unknown confounding variables. This creates comparable groups at the start, allowing for more accurate conclusions about the effect of the intervention.

231. (D) Concluding there is an effect when none truly exists.
A Type I error, also known as a false positive, occurs when a statistical test leads a researcher

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to reject a null hypothesis that is actually true. This means the study incorrectly concludes that a significant effect or association exists when there is no such relationship in the population. The risk of making this error is determined by the alpha level. Minimizing Type I errors is essential for preventing the adoption of ineffective or potentially harmful medical treatments and public health policies.

232. (A) Using numbers to describe biological phenomena and variability.
The fundamental purpose of biostatistics is to provide the mathematical tools needed to describe and analyze biological phenomena. In the natural world, biological traits and health outcomes are characterized by significant variability. Biostatistics allows researchers to quantify this variation and distinguish between meaningful patterns and random fluctuations. By using numbers to summarize data and test hypotheses, biostatisticians help ensure that conclusions in medicine and public health are based on objective evidence rather than anecdotal observations or subjective interpretations.

233. (C) A consistent pattern of evidence from multiple well-designed studies.
Establishing a true causal relationship between an exposure and an outcome is a complex process that cannot be achieved by a single study. Instead, researchers look for a consistent pattern of evidence across many different studies and study designs. When multiple investigations in various populations consistently show a strong association, it strengthens the case for causality. Other criteria, such as temporality and biological plausibility, are also evaluated to build a robust scientific consensus on the cause-and-effect relationship between health variables.

234. (A) To communicate the findings clearly and accurately.
The primary goal of data presentation is to translate complex research results into clear and accurate information that can be easily understood by the intended audience. Effective presentation uses well-designed tables, charts, and graphs to highlight key findings and trends without overwhelming or misleading the viewer. By communicating information effectively, researchers ensure that their data can be used to inform clinical practice, guide public health policy, and improve population health outcomes through better-informed decision-making based on sound scientific evidence.

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235. (A) 1, 2, 3, 4, 5
A prospective cohort study follows a logical sequence over time. First, a population is identified and a sample group (the cohort) is selected. Participants are then classified based on their current exposure to a specific factor. The cohort is followed forward in time to observe who develops the outcome. Next, the incidence of the disease is measured in both groups. Finally, researchers calculate the relative risk to determine the strength of the association between the exposure and the health outcome.

236. (B) 2.0
Relative risk is calculated by dividing the incidence rate of the disease in the group of interest by the incidence rate in the comparison group. In this example, the non-runners have an incidence of twenty per thousand, while the runners have an incidence of ten per thousand. Dividing twenty by ten results in a relative risk of two point zero. This means that non-runners have twice the risk of heart disease compared to runners, suggesting that running may be a protective factor.

237. (C) A statistical association between an exposure and an outcome is sufficient to prove causation.
Statistical association is an important indicator, but it is not sufficient on its own to prove that one factor caused another. Associations can also be caused by chance, bias, or confounding factors that were not properly controlled. To establish causation, researchers must use multiple criteria, such as ensuring that the cause preceded the effect (temporality), finding a strong and consistent association across studies, and identifying a plausible biological mechanism that explains how the exposure leads to the disease.

238. (D) The number of previously unrecognized cases detected by the screening program.
The yield of a screening program is a measure of its productivity and effectiveness in identifying people with the disease who were not previously diagnosed. It represents the number of new cases discovered through the screening process.

data type is essential for selecting appropriate statistical tests, such as those used to calculate means or analyze variances in research.

288. (B) Because it dictates the appropriate statistical methods for analysis.
In biostatistics, identifying whether data is categorical or numerical is a foundational step because the data type determines which statistical methods are valid for analysis. For example, methods used to analyze nominal categories differ significantly from those used for continuous measurements. Choosing the correct approach based on the data's properties is crucial for generating accurate, reliable, and interpretable results in health research.

289. (D) Vital statistics.
Vital statistics are a primary data source for public health, consisting of records of significant life events such as births, deaths, marriages, and divorces. These records are systematically collected by government agencies and provide essential information for calculating population-level rates and trends. They serve as a foundational tool for evidence-based practice and long-term planning within the healthcare and public health sectors.

290. (A) Ordinal data has a meaningful order to its categories, while nominal data does not.
Nominal and ordinal data are both types of categorical information, but they differ in their internal structure. Nominal data consists of categories with no inherent ranking or sequence, such as blood type or gender. Ordinal data, however, features categories that follow a meaningful order or hierarchy, such as disease severity levels, even though the differences between the ranks are not quantifiable.

291. (C) They allow for findings to be generalized to the broader population.
The primary benefit of probability sampling is that it uses random selection, ensuring every individual in the population has a known chance of being included. This provides the statistical foundation necessary for inference, allowing researchers to generalize their study findings to the entire population with a calculated level of confidence. This characteristic makes the results much more robust and scientifically applicable than non-probability methods.

292. (A) Every member of the population has a known chance of being included.
Probability sampling is defined by the fact that every individual within the target population has a known, non-zero probability of being selected for the study. This is achieved through random selection methods like simple random or stratified sampling. This objective approach minimizes selection bias and is essential for making valid statistical inferences about the characteristics of the population as a whole.

293. (D) To ensure the study has adequate statistical power to find a true effect.
Sample size estimation is a critical planning step that calculates the minimum number of participants required for a study. The primary goal is to ensure the investigation has sufficient statistical power to detect a true effect or difference if one exists. Proper estimation helps researchers avoid misleading null results and ensures that the study's conclusions are both scientifically valid and ethically sound.

294. (B) Non-probability sampling.
Surveying individuals based on their immediate availability, such as people walking through a mall, is an example of non-probability sampling. In this method, the chance of any specific person being selected is unknown, and the process does not involve random selection. While often convenient and inexpensive, it carries a high risk of selection bias and limits the ability to generalize findings.

295. (C) a study that is unable to detect a real effect, resulting in a false negative conclusion.
Neglecting to conduct a formal sample size estimation can lead to a study that is underpowered. This means the sample may be too small to statistically identify a significant effect, even if one actually exists in the population. Consequently, researchers might incorrectly conclude that there is no relationship or difference, leading to a false negative result that misinforms public health.

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attributed to the intervention itself rather than to psychological or subjective factors.

246. (B) Observer (interviewer) bias
Observer bias, also known as interviewer bias, occurs when a researcher's knowledge or expectations systematically influence how they collect or interpret data. If a clinician knows that a patient has a high-risk exposure, they might be more likely to search for or diagnose a disease in that individual. This systematic error can lead to a false or exaggerated association between the exposure and the outcome. Blinding researchers to participants' exposure status is a key method used to prevent this type of bias.

247. (D) Incidence
Incidence serves as a critical measure in epidemiology by quantifying the frequency of new health-related events within a specific population over a defined period. In the study of HIV infections within a city, monitoring the rate at which people transition from being healthy to being infected reflects the incidence of the disease. This measurement is essential for understanding the risk of transmission and evaluating prevention programs. It provides a direct estimate of the rate of spread in a community.

248. (A) parameter; statistic
In statistics, there is a fundamental distinction between values that describe a whole population and those that describe a sample. A parameter is a numerical value, such as the average height, that represents the entire population. Since it is often impossible to measure everyone, researchers use a sample. A statistic is a value calculated from this sample, like the average height of one thousand men. Inferential statistics use these sample statistics to estimate the unknown population parameters with a specific level of confidence.

249. (C) When studying the health effects of a known toxic substance like asbestos.
Randomized controlled trials are often considered impractical or unethical for studying harmful exposures. It would be a major ethical violation to intentionally expose a group of people to a known toxic substance like asbestos to observe the health consequences. In such cases, researchers must rely on observational study designs, like case-control or cohort studies, to investigate the relationship between the exposure and the disease by observing what has already happened naturally in the population rather than intervening experimentally.

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250. (B) 1, 2, 3, and 5
Epidemiology and biostatistics are closely linked sciences that provide the foundation for public health. Epidemiology focuses on the distribution and determinants of disease, while biostatistics provides the quantitative tools needed to analyze the resulting data. Cohort studies are powerful designs for following exposure over time, and randomization is the key method for controlling confounding in experimental research. While the p-value is important, it represents the probability of observing results under the null hypothesis rather than being a definition of a study.

251. (B) To analyze the patterns of disease occurrence by person, place, and time.
Distribution in epidemiology focuses on describing the frequency and pattern of health events within a population. This involves analyzing data according to characteristics such as who is affected, where the events are occurring, and when they happen over time. This descriptive process is essential for identifying health trends and allocating resources effectively across different groups.

252. (A) The impact of a community's socioeconomic status on vaccination rates.
Determinants encompass the various physical, biological, social, cultural, and behavioral factors that influence health outcomes. Analyzing how socioeconomic status impacts vaccination rates addresses the underlying causes or influences of health-related events. This helps researchers understand why certain health patterns emerge within a population and provides a basis for targeted public health interventions to improve overall community health outcomes.

253. (C) By providing scientific evidence on disease causation and occurrence.
Epidemiology serves as the scientific foundation for public health policy by quantifying illness occurrence and identifying causal factors. By providing objective data and evidence-based insights into how diseases spread and what

factors influence them, it allows policymakers to make informed decisions regarding resource allocation, intervention strategies, and long-term health promotion initiatives for the entire community or population.

254. (D) Providing direct surgical intervention for epidemics.
The core functions of epidemiology include identifying disease etiology, determining community disease burden, and evaluating preventive measures. It also involves studying the natural history of conditions to inform public policy. However, performing direct clinical procedures, such as surgical interventions, falls under the scope of individual clinical medicine rather than the population-based, investigative, and analytical focus of epidemiological practice.

255. (C) focus on population-level health versus individual-level health.
Clinical medicine primarily focuses on diagnosing and treating the individual patient to improve their specific health outcomes. In contrast, epidemiology shifts the perspective to the health of entire communities or population groups. It investigates health-related states and events across broad segments of society to inform public health strategies, disease prevention, and collective resource management for everyone involved.

256. (B) To generate hypotheses by examining disease patterns according to person, place, and time.
Descriptive epidemiology is the initial phase of public health investigation, focusing on characterizing the distribution of disease. By systematically analyzing data related to person, place, and time, researchers can identify non-random patterns and variations. This process is essential for generating hypotheses about potential causes of disease, which can then be rigorously tested through subsequent analytical epidemiological study designs.

257. (D) Descriptive epidemiology, because it focuses on the 'time' variable.
Analyzing the frequency of a disease over a specific period, such as tracking measles cases monthly over ten years, falls under the category of descriptive epidemiology. This approach focuses on the "when" of disease occurrence, one of the three fundamental variables of person, place, and time. Such observations help identify seasonal trends and long-term patterns without testing specific causal hypotheses.

258. (A) focus on hypothesis testing versus hypothesis generation.
Descriptive epidemiology is concerned with characterizing the distribution of health states to generate hypotheses about potential causes. Analytical epidemiology moves beyond description to test these specific hypotheses by comparing different groups. This process helps determine if an association exists between an exposure and an outcome, thereby addressing the "why" and "how" of disease occurrence through rigorous comparative analysis.

259. (C) sequential and complementary, with descriptive studies often preceding analytical ones.
Descriptive and analytical epidemiology are complementary components of health research. Descriptive studies identify patterns and generate preliminary hypotheses about disease occurrence. These findings provide the necessary clues and foundation for analytical investigations, which use group comparisons to test those hypotheses. This sequential relationship ensures that public health investigations are evidence-based and efficiently targeted toward understanding and controlling health problems.

260. (A) Analytical epidemiology to compare exposures between the high-rate city and others.
Investigating the underlying reasons or causes for a specific health disparity, such as higher cancer rates in one city, requires analytical epidemiology. This approach involves comparing groups with different exposure levels to identify factors associated with the disease. By addressing the why of the occurrence through comparative study, researchers can move from merely describing a pattern to identifying potential determinants.

261. (D) The prevalence of diabetes, to understand the existing burden.
Prevalence provides a comprehensive snapshot of the total number of individuals living with a specific condition in a population at a given time. For chronic diseases like diabetes, understanding

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the existing burden is critical for health service planning. This measurement allows public health departments to accurately estimate the current demand for care and allocate resources effectively for ongoing management programs.

262. (B) The risk of developing a new condition over a period.
Incidence quantifies the rate at which new cases of a disease occur within a population that was initially free of the condition. By focusing on the transition from health to illness over a defined period, it serves as a fundamental measure of risk. This makes it particularly valuable for identifying risk factors and evaluating the effectiveness of new prevention strategies.

263. (C) Incidence.
Tracking a group of individuals who do not initially have a disease and counting the number of new cases that develop over a specific timeframe measures incidence. This longitudinal approach captures the flow of new health events, providing a clear indication of the risk or rate of disease development. It is distinct from measuring the total number of existing cases.

264. (D) both the incidence and the duration of the disease.
In a stable population where disease occurrence is constant, the prevalence is determined by both the rate of new cases and how long those cases persist. A higher incidence or a longer disease duration will both lead to an increase in the total number of existing cases. This relationship demonstrates how prevalence reflects the cumulative impact of risk and survival.

265. (A) Incidence measures new cases (risk), while prevalence measures existing cases (burden).
Incidence is a dynamic measure focusing on the occurrence of new cases over time, reflecting the risk of developing a condition. In contrast, prevalence is a static measure that captures the total number of existing cases at a specific point or period, representing the overall burden of the disease on a population. Both measures are essential for distinct public health functions.

266. (B) The active manipulation of an exposure by the investigator.
The fundamental distinction between experimental and observational studies lies in the investigator's level of control. In observational studies, researchers simply record events without interfering. In experimental studies, however, the investigator actively manipulates or assigns a specific exposure, such as a treatment or intervention, to study its effects. This controlled approach is used to determine if a specific intervention causes an outcome.

267. (B) Cohort study.
A cohort study involves selecting groups of individuals based on their exposure status, such as being exposed to a specific chemical, and following them forward in time to observe health outcomes. By comparing the incidence of disease between the exposed and unexposed groups, researchers can determine the relationship between the initial exposure and the development of conditions like cancer.

268. (A) Identifying individuals with the disease (cases) and without it (controls).
A case-control study is a retrospective design that begins by identifying individuals who already have the condition of interest and a comparable group of individuals who do not. After these groups are established, researchers look back in time to investigate and compare their history of exposure to potential risk factors. This design is highly efficient for studying rare disease outcomes.

269. (C) Prospective.
Cohort studies typically follow a prospective directionality, meaning the investigation moves forward from cause to effect. Participants are identified based on their exposure status while they are still free of the outcome and are then monitored over time to see if the disease develops. This chronological approach allows researchers to establish a clear temporal relationship between the exposure and the event.

270. (D) Because it starts with people who already have the disease, rather than waiting for it to occur.
Case-control studies are efficient for researching rare diseases because they begin with identified

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CHAPTER 04

Social Sciences and Health

1. Which of the following best defines the 'social determinants of health'?
(A) The specific medical and genetic conditions that directly cause chronic illness or acute disease in individuals.
(B) The conditions in which people live and work, shaped by the distribution of money, power, and resources.
(C) The individual lifestyle choices, such as diet and exercise, that are believed to exclusively determine health.
(D) The availability and accessibility of advanced medical technology and modern pharmaceuticals within a nation.

2. A community's shared beliefs, values, and practices related to health and illness are best described as which type of factor?
(A) Cultural factor
(B) Economic factor
(C) Behavioral factor
(D) Political factor

3. Consider the following statements:
Statement I : The scope of social sciences in health is limited to studying patient-doctor communication.
Statement II : Understanding behavioral factors is significant because it allows for the development of targeted health promotion strategies.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

4. Which of the following statements correctly describes a 'health disparity'?
(A) Any variation in health status between two individuals, regardless of the underlying cause.
(B) The clinical preference of a patient for a particular type of medical or surgical treatment.
(C) The equal distribution of healthcare resources across all distinct population groups.
(D) A health outcome difference closely linked with social, economic, or environmental disadvantage.

5. Consider the following factors:
(i) Social support and social networks
(ii) Educational attainment
(iii) Public safety
(iv) Genetic predisposition
Which of the above are considered key social factors influencing health?
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii)
(D) (i), (ii), (iii) and (iv)

6. Which theory of disease causation primarily focuses on pathogens, malfunctioning organs, and physical injuries as the root causes of illness?
(A) The Biopsychosocial Model
(B) The Biomedical Model
(C) The Social-Ecological Model
(D) The Fundamental Cause Theory

7. A public health researcher is studying why a new health campaign is failing in a low-income neighborhood. The researcher considers the residents' lack of trust in official institutions, their daily financial struggles, and the high crime rate.
This approach is most aligned with which concept?
(A) Applying a purely behavioral model of health.
(B) Focusing solely on the economic aspects of health.
(C) Adhering strictly to the biomedical model of

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true association between the exposure and the outcome, compromising the study's validity.

279. (C) By recognizing its potential and minimizing it through careful study design and conduct.
Bias is a systematic error that cannot be reduced by increasing the sample size. The most effective way to address bias is to recognize its potential sources before a study begins and to implement rigorous methods in the design and conduct phases to minimize its occurrence. Careful planning ensures that data collection and subject selection remain as accurate and representative as possible.

280. (D) An association that does not imply causation.
A high correlation between two variables, such as ice cream sales and drowning incidents, represents an association but does not imply a causal relationship. These events may both be influenced by a third factor, like hot weather, rather than one causing the other. This highlights the importance of carefully evaluating evidence before concluding that an exposure directly produces a specific outcome.

281. (A) Verifying the diagnosis and confirming the outbreak's existence.
The initial step in any epidemic investigation is to verify the diagnosis of reported cases and confirm that an actual outbreak is occurring. This involves ensuring the clinical data is accurate and comparing the observed number of cases to what is normally expected for that specific time and place. Confirmation provides the necessary justification for initiating a full-scale public health response.

282. (B) To generate hypotheses about the source and mode of transmission.
During an outbreak, descriptive epidemiology is used to organize and analyze data by person, place, and time. This systematic characterization helps investigators identify patterns in how the disease is spreading. These descriptive findings are essential for formulating preliminary hypotheses regarding the likely source of the infection, the causative agent involved, and the specific mode through which the disease is being transmitted.

283. (B) By comparing the observed number of cases with the expected number.
To confirm an epidemic, public health investigators must determine if the current incidence of a disease exceeds the normal background level. This is done by comparing the observed number of cases with the number typically expected for that population, geographic area, and time of year. This objective comparison allows officials to distinguish between sporadic cases and a genuine public health emergency.

284. (A) often initiated early and refined as more information becomes available.
Control and prevention measures are a critical and ongoing component of any outbreak investigation. Rather than waiting for the entire investigation to conclude, public health officials often initiate these measures as soon as credible information is available. These interventions are then continuously refined and adjusted as more data is gathered and the understanding of the specific epidemic evolves and improves.

285. (C) Time.
An epidemic curve is a specialized graphical representation used in outbreak investigations to orient data according to the variable of time. It plots the number of new cases over specific intervals, allowing investigators to visualize the onset, peak, and decline of the epidemic. This tool helps in determining the probable time of exposure and the nature of the disease's spread.

286. (D) Ordinal.
Classifying disease stages as Stage I through Stage IV is an example of ordinal data. This type of categorical data has a meaningful, intrinsic order or ranking, reflecting the increasing severity of the condition. While the sequence is clear, the mathematical intervals between the stages are not necessarily equal, which distinguishes this category from numerical data types used in biostatistical analysis.

287. (C) A patient's body mass index (BMI).
Continuous numerical data represents measurable quantities that can take any value within a given range, including decimals and fractions. A patient's body mass index (BMI) or weight are classic examples, as they are not restricted to whole integers. Understanding this

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cases rather than following a large population to wait for new cases to emerge. By specifically recruiting individuals who already have the condition, researchers can investigate associations without the extensive time and cost requirements associated with tracking a healthy cohort until enough rare events occur for analysis.

271. (C) To classify asymptomatic individuals based on their probability of having a disease.
Screening tests are designed for rapid application to apparently healthy populations to identify those who may have unrecognized diseases or defects. The primary objective is to group individuals into high-probability and low-probability categories. These tests are presumptive rather than diagnostic, serving as a preliminary step to indicate who requires further, more comprehensive medical evaluation to confirm a specific health condition.

272. (B) correctly identifying individuals who do have the disease.
Sensitivity is a critical component of a screening test's validity, representing its ability to correctly identify individuals who actually have the disease. A test with high sensitivity will yield very few false negatives, ensuring that the majority of truly ill people are flagged for further diagnostic testing. This is essential for early detection programs where missing a case could be harmful.

273. (D) Undergo further diagnostic testing for confirmation.
Because screening tests are presumptive and not intended to be diagnostic, a positive result only indicates a higher probability of having the disease. Therefore, individuals who screen positive must undergo further diagnostic testing to provide a definitive confirmation. This secondary step ensures that people are not misdiagnosed based solely on a preliminary screening tool, which can produce false positive results.

274. (A) Surveillance focuses on population-level data for monitoring trends, whereas screening targets individuals.
Public health surveillance and screening differ primarily in their focus and application. Surveillance is the continuous and systematic collection of population-level health data to monitor trends, detect outbreaks, and guide broad public health actions. Screening, conversely, is an individual-level intervention aimed at identifying unrecognized conditions in asymptomatic people. While surveillance informs policy and strategy, screening facilitates early clinical detection for specific individuals.

275. (C) Specificity.
Specificity is the measure of a screening test's ability to correctly identify individuals who do not have the condition. A highly specific test will result in very few false positives, accurately ruling out the disease in healthy people. Along with sensitivity, specificity is a fundamental component used to evaluate the overall validity and performance of any screening tool or procedure.

276. (A) Association means two variables occur together, while causation implies one produces the other.
An association indicates that two variables occur together more frequently than would be expected by random chance alone. This statistical relationship does not prove that one variable causes the other. Causation is a much stronger claim, implying that the exposure actually produces the observed effect. Distinguishing between these two concepts is a major challenge in interpreting findings from epidemiological research.

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277. (D) Bias.
Bias refers to a systematic error in the design, conduct, or analysis of a study that leads to a mistaken estimate of an exposure's effect. Unlike random error, bias consistently distorts findings in a specific direction and cannot be corrected by simply increasing the sample size. Identifying and minimizing various types of bias is essential for ensuring the validity of results.

278. (B) Selection bias, because the selection of groups is not comparable.
Selection bias occurs when the procedures used to select subjects for a study lead to a study population that is not representative of the target population. Recruiting smokers from a hospital ward and non-smokers from a gym creates non-comparable groups with inherent differences. This systematic error can distort the

296. (D) To formally assess evidence against a null hypothesis.
A test of significance is a formal biostatistical procedure used to evaluate the strength of evidence provided by sample data. It specifically assesses the data against a null hypothesis, which typically assumes no effect or difference exists. By calculating the likelihood of the observed results occurring by chance, researchers can decide whether to reject the null hypothesis in favor of an alternative.

297. (A) probability of observing the study's result (or a more extreme one) if the null hypothesis were true.
The p-value is a statistical measure that quantifies the probability of obtaining results as extreme as those observed in a study, provided the null hypothesis is correct. A low p-value suggests that the observed data is unlikely to have occurred by random chance alone under the null hypothesis. It serves as a tool for researchers to determine the significance of their findings.

298. (B) The interpretation of results within a broader scientific and public health context.
While calculations and data presentation are important, the most critical final step in biostatistical inquiry is interpretation. This involves synthesizing statistical results with the study's design and potential biases. Researchers must place their findings within the broader context of existing scientific knowledge and the specific public health problem to derive meaningful conclusions that can inform actual practice and policy development.

299. (B) Because it helps in communicating complex findings clearly and accurately.
Effective presentation through tables, graphs, and charts is essential for translating complex biostatistical data into understandable information. Clear visual communication allows researchers to share their findings accurately with stakeholders, policymakers, and the public. By making the data accessible and transparent, well-designed presentations ensure that the evidence is correctly understood and can be used to support informed decisions in public health.

300. (A) no effect or no difference.
In hypothesis testing, the null hypothesis is a formal statement that typically proposes there is no statistical significance between the variables being studied. It posits that any observed difference or effect is due to random sampling error or chance rather than a true relationship. Researchers use significance tests to determine if there is enough evidence to challenge and potentially reject this assumption.

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Yield is influenced by several factors, including the sensitivity of the screening test and the prevalence of the disease in the population being screened. A high yield indicates that the program is successful in detecting early-stage illness, allowing for timely intervention and improved outcomes.

239. (A) The number of cases of a disease against time of onset.
An epidemic curve is a specialized histogram used in outbreak investigations to provide a visual timeline of the event. It plots the number of new cases on the vertical axis against the date or time of symptom onset on the horizontal axis. This graphical display allows investigators to see the magnitude and duration of the epidemic. It also provides critical clues about the mode of transmission and the most likely time that exposure to the pathogen or source occurred.

240. (A) P-4, Q-3, R-2, S-1
Different epidemiological study designs focus on different temporal perspectives. Clinical trials involve active intervention and follow-up. Cohort studies are inherently prospective, following people from exposure to outcome. Case-control studies are retrospective, starting with the outcome and looking back at past exposures. Cross-sectional studies provide a snapshot of the present by measuring prevalence at a single point in time. Each design offers a unique way to examine health relationships based on how they handle the sequence of events and variables.

241. (B) Standard Deviation
Measures of central tendency, such as the mean, median, and mode, are used to describe the "center" or typical value of a dataset. In contrast, standard deviation is a measure of dispersion or variability. It quantifies how much the individual observations spread out or deviate from the mean. While central tendency summarizes the middle of the data, standard deviation describes the consistency and spread, providing a complete picture of the data distribution when used together with the average.

242. (A) The exposure may be protective against the disease.
In a case-control study, the odds ratio measures the association between an exposure and a health outcome. An odds ratio of one point zero indicates no association. An odds ratio significantly less than one point zero, such as zero point four, suggests that the odds of exposure are lower among the cases compared to the controls. This implies that the exposure might be associated with a reduced risk of the disease, acting as a protective factor for the individuals in that population.

243. (C) The researcher controls and manipulates the exposure or intervention.
The defining characteristic of an experimental study, such as a randomized controlled trial, is the researcher's active role in manipulating the exposure. Unlike observational studies, where researchers simply record what happens naturally, experimental investigators decide which participants will receive a specific intervention or treatment. This direct control, combined with random assignment and comparison groups, provides the most rigorous method for determining whether a specific exposure or medical treatment truly causes a change in a health outcome.

244. (D) Public health surveillance
Public health surveillance is the ongoing and systematic collection and analysis of health data to monitor trends over time. Using existing death certificate records to track mortality trends for heart disease over several decades is a classic example of this process. This longitudinal data allows health officials to identify long-term changes in population health, evaluate the impact of previous policies, and set priorities for future public health programs based on documented patterns of disease and death in the community.

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245. (A) Both A and R are true and R is the correct explanation of A.
Double-blinding is a rigorous scientific procedure used in clinical trials to improve the quality of the results. By ensuring that neither the participants nor the investigators know who is receiving the active treatment, researchers can minimize information bias. This prevents participants' expectations from influencing their reported symptoms and prevents investigators' preconceptions from affecting how they record or interpret the outcomes. Consequently, any observed effects can be more accurately

disease.
(D) Using a social-ecological framework to understand health behavior.

8. Social theories of disease causation attempt to explain all the following EXCEPT:
(A) The specific gene mutations responsible for hereditary diseases.
(B) Why certain social groups have higher rates of morbidity and mortality.
(C) The influence of social structures on health outcomes.
(D) The role of social stress in the development of illness.

9. Which of the following statements about the Biopsychosocial Model is incorrect?
(A) It views health and illness as a product of the interplay between biological, psychological, and social factors.
(B) It was proposed as an alternative to the narrow focus of the biomedical model.
(C) It considers the patient's subjective experience of illness as irrelevant.
(D) It suggests that social support can mediate the effects of stress on health.

10. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : According to the 'Fundamental Cause Theory', socio-economic status is a fundamental cause of disease.
Reason (R) : SES shapes access to resources like knowledge, money, and power that allow individuals to avoid risks.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false in its description of socio-economic status.
(D) A is false but R is true regarding the availability of protective resources.

11. The 'social gradient in health' is a concept that describes:
(A) The idea that health and illness are randomly distributed across the population.
(B) A decline in the overall health of a nation over time.
(C) The geographical clustering of specific diseases in urban areas.
(D) The phenomenon where health status improves at each step up the social hierarchy.

12. A person's income, level of education, and type of occupation are collectively used to measure their:
(A) Social network density
(B) Socio-economic status (SES)
(C) Cultural capital
(D) Health perception

13. Why does lower educational attainment often lead to poorer health outcomes?
(A) It is directly linked to genetic predispositions for chronic diseases and physiological vulnerabilities.
(B) Individuals with lower education are inherently less interested in maintaining their personal health.
(C) It restricts access to high-paying jobs, limits health literacy, and increases risk behaviors.
(D) It prevents individuals from accessing any form of healthcare, whether provided publicly or privately.

14. Identify the correct pair related to social structure and health.
(A) Social Capital : The amount of money an individual possesses for healthcare.
(B) Social Stratification : The equal distribution of health resources in a society.
(C) Occupational Prestige : The physical risk associated with a particular job.
(D) Social Network : The web of social relationships that can influence health through support and norms.

15. Consider the following factors:
(i) Social support and social networks
(ii) Educational attainment
(iii) Public safety
(iv) Genetic predisposition
Which of the above are considered key social factors influencing health?
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii)
(D) (i), (ii), (iii) and (iv)

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health.

50. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : The social causation hypothesis argues that low socio-economic status leads to poor health.
Reason (R) : The social drift (or selection) hypothesis argues that poor health leads to low socio-economic status.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

51. The consistent finding that health outcomes are worse for individuals in lower social classes compared to those in higher social classes is referred to as:
(A) The health transition
(B) The epidemiological transition
(C) The social gradient in health
(D) The health belief model

52. In the context of health, 'social structure' refers to:
(A) The architectural design of hospitals and clinics.
(B) An individual's personal network of friends.
(C) The physical structure of human cells and tissues.
(D) The patterned social arrangements in society, such as class, race, and gender stratification.

53. A social worker helps an unemployed individual with a chronic illness navigate the complex bureaucracy to apply for disability benefits.
This is a direct intervention addressing the implications of which factor on health?
(A) Cultural beliefs
(B) Genetic makeup
(C) Socio-economic status (SES)
(D) Personal behavior

54. Identify the correct statement regarding social structure and health.
(A) Social structures have no bearing on an individual's exposure to health risks.
(B) Gender is a social construct that can influence health through differences in roles, power, and access to resources.
(C) In all societies, race and ethnicity are purely biological categories with no social significance for health.
(D) An individual's position in the social structure is determined solely by their health status.

55. Consider the following structural factors:
(i) Lack of safe places for physical activity.
(ii) Higher concentration of fast-food outlets compared to grocery stores.
(iii) Higher levels of environmental pollution.
(iv) Weak social cohesion and high crime rates.
(v) The individual's personal preference for a particular brand of car.
Which of the above may negatively affect the health of an individual living in a deprived neighborhood?
(A) (i), (ii), (iii), and (iv)
(B) (i), (ii), and (v)
(C) (iii), (iv), and (v)
(D) (i), (iii), (iv), and (v)

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56. The concept of 'health as a human right' implies that:
(A) The state has a responsibility to ensure conditions that allow people to be as healthy as possible.
(B) Individuals have the right to demand any medical treatment they desire, regardless of cost or efficacy.
(C) Health is a commodity that should only be available to those who can afford it.
(D) Only citizens of wealthy nations are entitled to good health.

57. When the production or consumption of a good or service, such as vaccination, has an effect on a third party, it is known in economics as:
(A) A public good
(B) An inferior good
(C) An externality
(D) A Giffen good

58. All of the following are economic aspects of health EXCEPT:
(A) The personal meaning an individual

(i) An individual delaying a visit to the doctor because they believe their symptoms are not serious.
(ii) A community rejecting a vaccination program due to mistrust and conspiracy theories.
(iii) The cost of a specific drug increasing due to supply chain issues.
(iv) A person starting a new diet and exercise regimen to prevent future illness.
Which of the above scenarios are relevant to the study of health perceptions and behavior?
(A) (i), (ii) and (iii)
(B) (i), (ii) and (iv)
(C) (ii), (iii) and (iv)
(D) (i), (iii) and (iv)

26. What is the fundamental concept in economics that is central to health economics?
(A) Scarcity of resources relative to unlimited wants.
(B) The law of diminishing returns.
(C) The principle of comparative advantage.
(D) The theory of market equilibrium.

27. A hospital is deciding between purchasing a new MRI machine and hiring more nursing staff. The value of the best alternative not chosen (e.g., the benefits of more nurses if the MRI is bought) is known as:
(A) Sunk cost
(B) Marginal cost
(C) Fixed cost
(D) Opportunity cost

28. Consider the following statements:
Statement I : 'Demand for healthcare' is the same as 'need for healthcare'.
Statement II : Demand for healthcare is the desire for healthcare backed by the willingness and ability to pay for it.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

29. Which of the following best describes 'moral hazard' in the context of health insurance?
(A) The tendency for sicker people to be more likely to purchase health insurance coverage.
(B) The practice of an insurance company refusing to cover a patient with a pre-existing condition.
(C) Increased consumption of healthcare services by insured individuals because they do not pay full price.
(D) The risk that an investment in a new medical technology will not yield a significant profit.

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30. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : Health economics is concerned with the allocation of scarce resources within the healthcare sector.
Reason (R) : The demand for healthcare services is infinite, while the resources available to provide them are finite.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

31. Which research paradigm is most closely associated with qualitative research methodology?
(A) Interpretivism
(B) Positivism
(C) Post-positivism
(D) Functionalism

32. A researcher lives in a small, remote community for a year to understand its members' cultural beliefs and practices related to healing.
This qualitative approach is known as:
(A) Grounded theory
(B) Ethnography
(C) Phenomenology
(D) Case study

33. Qualitative research methods are characterized by all the following EXCEPT:
(A) Focus on understanding meaning and context.
(B) Use of large, randomized samples for generalizability.
(C) Collection of non-numerical data like text and images.

allowing for a comparison of programs with different types of outcomes?
(A) Cost-Benefit Analysis (CBA)
(B) Cost-Effectiveness Analysis (CEA)
(C) Cost-Minimization Analysis (CMA)
(D) Cost-Utility Analysis (CUA)

67. The concept of 'QALY' (Quality-Adjusted Life Year) is most central to which type of economic evaluation?
(A) Cost-Benefit Analysis (CBA)
(B) Cost-Effectiveness Analysis (CEA)
(C) Cost-Utility Analysis (CUA)
(D) Financial audit

68. All of the following are common methods of healthcare financing EXCEPT:
(A) General taxation
(B) Social health insurance
(C) Out-of-pocket payments
(D) Bartering services for goods

69. Which of the following statements about Cost-Effectiveness Analysis (CEA) is incorrect?
(A) It compares interventions with a common health outcome, like 'life-years saved' or 'cases prevented'.
(B) Its results are typically expressed as a ratio, such as cost per life-year gained.
(C) It requires placing a monetary value on human life.
(D) It helps in deciding which of several alternatives achieves a health goal at the lowest cost.

70. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : The demand for healthcare is often described as 'derived demand'.
Reason (R) : People typically do not demand medical care for its own sake, but as a means to achieve better health.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

71. In qualitative research, the process of using multiple sources of data, methods, or investigators to corroborate findings is known as:
(A) Saturation
(B) Reflexivity
(C) Bracketing
(D) Triangulation

72. A researcher seeks to develop a theory about a social process that is 'grounded' in the data collected from participants. This approach is called:
(A) Grounded Theory
(B) Phenomenology
(C) Narrative Inquiry
(D) Ethnography

73. A public health organization wants to understand the barriers to accessing maternal healthcare in a rural village. A qualitative researcher is tasked with this.
Which of the following data collection methods would be most appropriate for gaining in-depth understanding?
(A) A large-scale survey with multiple-choice questions mailed to all households.
(B) Analysis of national-level hospital admission statistics.
(C) Semi-structured interviews with mothers, traditional birth attendants, and local health workers.
(D) A randomized controlled trial of a new health education program.

74. Identify the correct pair related to qualitative research concepts.
(A) Dependability : The stability of findings over time, similar to reliability in quantitative research.
(B) Credibility : The extent to which findings can be generalized to other populations.
(C) Transferability : The confidence in the 'truth' of the findings for the participants studied.
(D) Confirmability : The process of developing a theory from data.

75. A qualitative researcher wants to study the experience of family caregivers for dementia

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(D) P-2, Q-1, R-4, S-3

41. The unequal distribution of health and disease that is a consequence of social injustice is termed:
(A) Health inequality
(B) Health variation
(C) Health inequity
(D) Health differentiation

42. A person's stable employment provides health insurance, a steady income for nutritious food, and resides in a safe neighborhood. These are examples of which type of factor influencing health?
(A) Economic
(B) Behavioral
(C) Cultural
(D) Biological

43. How does a strong social support network positively impact an individual's health?
(A) By directly increasing their financial income or assets.
(B) By ensuring guaranteed access to advanced medical technologies.
(C) By altering an individual's genetic code to resist infectious diseases.
(D) By providing emotional and practical assistance that buffers stress.

44. Identify the incorrect pair regarding factors affecting health.
(A) Cultural Factor : Use of traditional healers.
(B) Behavioral Factor : Genetic predisposition to heart disease.
(C) Economic Factor : Affordability of prescription medication.
(D) Social Factor : Level of community cohesion.

45. Consider the following factors:
(i) Unequal access to quality education and healthcare.
(ii) Exposure to environmental hazards in low-income neighborhoods.
(iii) Levels of social cohesion within a community.
(iv) The genetic makeup of an individual.
(v) Individual dietary preferences.
Which of the above statement(s) contribute to the implications of social structure for health?
(A) (i), (iv), and (v) only
(B) (i), (ii), and (iii) only
(C) (ii), (iii), and (iv) only
(D) (i), (ii), (iii), (iv), and (v)

46. Which theory of disease causation primarily focuses on pathogens, malfunctioning organs, and physical injuries as the root causes of illness?
(A) The Biopsychosocial Model
(B) The Biomedical Model
(C) The Social-Ecological Model
(D) The Stress Process Model

47. A researcher analyzing how governmental policies, corporate practices, and social stratification create patterns of health and disease in a population is likely using a framework based on:
The social production of disease.
(A) Applying a purely behavioral model of health.
(B) The theory of the sick role.
(C) The health belief model.
(D) Individual lifestyle theory.

48. All of the following are criticisms of the traditional Biomedical Model EXCEPT:
(A) It is reductionist, focusing on biological processes while ignoring social and psychological factors.
(B) It has been highly successful in developing treatments for infectious diseases.
(C) It can lead to a neglect of prevention and health promotion.
(D) It struggles to adequately explain many chronic, non-communicable diseases.

49. Which of the following statements about the Social-Ecological Model of health is incorrect?
(A) It views health as being influenced by factors at multiple levels: individual, interpersonal, organizational, community, and public policy.
(B) It places sole responsibility for health on the individual's choices and behaviors.
(C) It suggests that interventions are most effective when they target multiple levels simultaneously.
(D) It provides a framework for understanding the complex interplay of factors that affect

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16. Which of the following is primarily a political aspect of health?
(A) An individual's personal belief about what constitutes a healthy diet.
(B) The development of national health insurance policies.
(C) The biological mechanism of a viral infection.
(D) A family's decision to use herbal remedies.

17. A government's decision to allocate a significant portion of its budget to primary healthcare and prevention over specialist, curative care is an example of what?
(A) A purely economic decision based on market demand.
(B) A political decision reflecting a specific health policy priority.
(C) A cultural preference for traditional medicine.
(D) A behavioral response to a recent epidemic.

18. Consider the following statements:
Statement I : In a pure market economy, healthcare is treated as a commodity to be bought and sold.
Statement II : The political ideology of a government has no influence on the structure of its country's healthcare system.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

19. Which statement best describes the concept of 'health equity'?
(A) Ensuring everyone receives the same level of healthcare services, regardless of need.
(B) Providing more healthcare resources to the wealthiest segments of the population.
(C) The state in which everyone has a fair and just opportunity to attain their full health potential.
(D) The absence of any health differences between individuals.

20. Match the items in List I with those in List II:
List I: (Healthcare System Model)
P. Beveridge Model
Q. Bismarck Model
R. National Health Insurance Model
S. Out-of-Pocket Model
List II: (Primary Funding Source)
1. Employer/employee payroll deductions
2. Government taxes
3. Direct payments by patients
4. Government-run insurance program
Code:
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-1, S-2
(D) P-2, Q-4, R-3, S-1

21. The way an individual understands, interprets, and defines their own symptoms and state of well-being is known as:
(A) Health behavior
(B) Health economics
(C) Health perception
(D) Health policy

22. A person's health-related action after a heart attack is demonstrated by which type of behavior?
(A) Illness behavior
(B) Sick-role behavior
(C) Health behavior
(D) At-risk behavior

23. According to the Health Belief Model, which of the following is NOT a key component influencing health behavior?
(A) Perceived susceptibility to a disease.
(B) Perceived severity of a disease.
(C) Perceived benefits of taking action.
(D) Absolute income level of the individual.

24. Identify the incorrect statement regarding health behaviors.
(A) They are solely determined by an individual's willpower and are independent of social context.
(B) They can be either health-enhancing (e.g., exercise) or health-impairing (e.g., smoking).
(C) They are influenced by cultural norms and social networks.
(D) Health education campaigns often aim to modify health behaviors.

25. Consider the following scenarios:

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attaches to their illness.
(B) The cost-effectiveness of different medical interventions.
(C) The role of health insurance in financing care.
(D) The impact of a healthy workforce on national productivity.

59. Which statement about the 'political economy of health' is the most accurate?
(A) It focuses only on the specific voting patterns of professional healthcare workers.
(B) It argues that political and economic factors are completely separate from social influences.
(C) It is primarily concerned with the profitability of large pharmaceutical companies.
(D) It analyzes how political and economic processes shape health outcomes and systems.

60. Match the items in List I with those in List II:
List I: (Economic Concept)
P. Opportunity Cost
Q. Adverse Selection
R. Moral Hazard
S. Scarcity
List II: (Example in Health)
1. An insured person seeking more frequent, low-value medical check-ups.
2. A country having a limited budget for health, forcing choices between different programs.
3. A person with a known chronic illness being more likely to buy comprehensive health insurance.
4. A government funding a new cancer hospital instead of 100 primary health clinics.
Code:
(A) P-4, Q-3, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-1, R-3, S-2
(D) P-2, Q-3, R-1, S-4

61. Talcott Parsons' concept of the 'sick role' describes:
(A) The biological process of falling ill.
(B) An individual's personal perception of their symptoms.
(C) A set of societal expectations about how a sick person should behave and be treated.
(D) The role of a doctor in treating a patient.

62. A teenager starts smoking because their friends smoke and they perceive it as 'cool' and a way to fit in.
This decision is most directly influenced by:
(A) Economic status
(B) Genetic predisposition
(C) Health literacy
(D) Interpersonal factors and social norms

63. Consider the following statements:
Statement I : Health perceptions are universal and do not vary across cultures.
Statement II : 'Illness behavior' refers to the actions people take to define and remedy a health problem after they perceive symptoms.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

64. Which of the following is an example of a 'lay belief' about health?
(A) The understanding that viruses cause influenza, based on scientific evidence.
(B) A belief that illness is caused by an imbalance of 'hot' and 'cold' elements in the body.
(C) A doctor's diagnosis of hypertension based on blood pressure readings.
(D) A public health report detailing the prevalence of diabetes.

65. According to the Theory of Planned Behavior, consider the following determinants:
(i) Attitude toward the behavior
(ii) Subjective norms
(iii) Perceived behavioral control
(iv) Past behavior
Which of the above are key determinants of behavioral intention?
(A) (i) and (ii) only
(B) (i), (ii) and (iii)
(C) (ii), (iii) and (iv)
(D) (i), (ii), (iii) and (iv)

66. Which economic evaluation method measures both costs and consequences in monetary units,

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(D) Political factors only

83. Why is the study of social and cultural factors significant for public health interventions?
(A) Because it proves that all health problems can be solved without medical intervention.
(B) Because it allows for the complete replacement of medical doctors with sociologists.
(C) Because interventions that are not culturally sensitive or do not account for social realities are likely to fail.
(D) Because it is only relevant for studying exotic and rare diseases in remote tribes.

84. Identify the incorrect statement regarding the scope of social sciences in health.
(A) It includes the study of how patients experience and make sense of their illness.
(B) It examines the social organization of healthcare institutions.
(C) It analyzes the impact of health policies on different population groups.
(D) It is exclusively concerned with the chemical composition of pharmaceutical drugs.

85. Consider the following factors:
(i) Smoking habits
(ii) Dietary patterns
(iii) Level of physical activity
(iv) Adherence to medication
Which of the above can be categorized as behavioral factors affecting health?
(A) (i) and (ii) only
(B) (i), (ii) and (iii) only
(C) (i), (ii), (iii) and (iv)
(D) (iv) only

86. Which theory posits that health is determined by a complex interplay of individual biology, behavior, and social and physical environments?
(A) The Miasma Theory
(B) The Social-Ecological Model
(C) The Germ Theory
(D) The Humoral Theory

87. A sociologist argues that the high rate of heart disease in a country is not just due to individual choices but also due to the widespread availability of cheap, unhealthy food promoted by powerful corporations, and urban planning that discourages walking.
This argument is an example of which theoretical perspective?
(A) The Biomedical Model
(B) The Sick Role Theory
(C) The Health Belief Model
(D) The Social Production of Disease

88. The main limitation of the 'Fundamental Cause Theory' is that it:
(A) Does not fully explain the specific mechanisms through which social conditions translate into health outcomes.
(B) Ignores the role of socio-economic status.
(C) Is a very new theory with no empirical support.
(D) Focuses too much on specific biological disease mechanisms.

89. Which statement accurately reflects a key idea from social theories of disease causation?
(A) Disease is a purely random, biological event.
(B) Individual genetics are the sole determinant of health trajectories.
(C) Socially and economically disadvantaged groups are made more vulnerable to illness through various social mechanisms.
(D) The only valid way to understand disease is through laboratory experiments.

90. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : The Biopsychosocial Model offers a more holistic understanding of health than the Biomedical Model.
Reason (R) : It integrates psychological and social factors with biological factors, acknowledging that they are all important in determining health and illness.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

91. The concept that one's position in a social hierarchy, defined by factors like income,

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patients. Consider the following data collection methods:
(i) In-depth interviews
(ii) Participant observation in a support group
(iii) Analysis of personal diaries or blogs kept by caregivers
(iv) A structured survey measuring caregiver burden on a numerical scale
(v) Focus group discussions with caregivers
Which of the following is the most appropriate combination of qualitative methods?
(A) (iv) only
(B) (i), (ii), and (iv)
(C) (i), (ii), (iii), and (v)
(D) (i), (ii), (iii), (iv), and (v)

76. When a social worker in a hospital conducts a comprehensive evaluation of a patient's family relationships, housing situation, financial status, and coping mechanisms, they are performing a: Psychosocial assessment
(A) Medical diagnosis
(B) Psychosocial assessment
(C) Financial audit
(D) Legal consultation

77. Which of the following best exemplifies the 'advocacy' role of a social worker in healthcare?
(A) Providing supportive counseling to a patient anxious about surgery.
(B) Leading a therapy group for patients with similar health conditions.
(C) Challenging an insurance company's denial of coverage for a necessary medical procedure.
(D) Documenting a patient's social history in their medical record.

78. Consider the following statements:
Statement I : The social work approach in healthcare adopts a 'person-in-environment' framework.
Statement II : The strengths-based perspective in social work focuses on identifying and correcting a client's deficits and pathologies.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

79. The social work function of 'discharge planning' in a hospital setting is crucial because it:
(A) Ensures a safe and smooth transition from hospital to community, reducing readmission risks.
(B) Ensures the hospital can bill the patient correctly for all utilized medical services.
(C) Allows the social worker to perform a physical medical examination of the patient.
(D) Is primarily focused on arranging basic transportation for the patient on discharge day.

80. Match the items in List I with those in List II:
List I: (Social Work Approach/Concept)
P. Strengths Perspective
Q. Person-in-Environment
R. Case Management
S. Client Self-Determination
List II: (Key Idea)
1. Respecting the client's right to make their own choices and decisions.
2. Coordinating a continuum of services and resources for a client.
3. Focusing on a client's talents, assets, and resources.
4. Understanding the individual in the context of their intersecting biological, psychological, and social systems.
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-2, S-1
(C) P-3, Q-2, R-4, S-1
(D) P-4, Q-3, R-1, S-2

81. Which concept emphasizes that factors like income, education, and social support are not just individual attributes but are structured by society and have a profound impact on health?
(A) Biological determinism
(B) Social construction of health
(C) Clinical gaze
(D) Pharmacological intervention

82. The increased prevalence of type 2 diabetes in populations that adopt a Western diet high in processed foods is a clear example of the influence of which factors on health?
(A) Cultural and behavioral factors
(B) Solely genetic factors
(C) Geographical factors alone

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(D) Inductive reasoning and emergent design.

34. Which of the following statements about focus group discussions is incorrect?
(A) They are ideal for discussing highly sensitive or personal topics.
(B) They are useful for exploring a range of opinions on a specific topic.
(C) The interaction between participants can generate rich data.
(D) A skilled moderator is crucial for the success of the group.

35. A qualitative study aims to explore the lived experience of chronic pain. The researcher conducts in-depth, unstructured interviews to understand the essence of this experience from the participants' perspectives. Consider the following methodological components:
(i) A phenomenological approach.
(ii) A large-scale survey questionnaire with closed-ended questions.
(iii) Thematic analysis of interview transcripts.
(iv) An experimental design with a control group.
(v) The researcher's practice of reflexivity to acknowledge their own biases.
Which of the above are likely components of this study's methodology?
(A) (i), (ii), and (iv)
(B) (ii), (iii), and (iv)
(C) (i), (iii), and (v)
(D) (i), (iv), and (v)

36. What is the core principle of the 'person-in-environment' perspective in social work?
(A) Focusing exclusively on an individual's psychological state.
(B) Prioritizing environmental conservation over client well-being.
(C) Viewing the individual as separate from their family and community.
(D) Understanding an individual and their behavior in the context of their physical and social environment.

37. A social worker in a hospital is coordinating services for a patient who is about to be discharged, including arranging for home healthcare, medical equipment, and follow-up appointments. This role is best described as:
(A) Psychotherapy
(B) Community organizing
(C) Case management
(D) Policy advocacy

38. Consider the following statements:
Statement I : The social work approach in healthcare is primarily concerned with diagnosing medical conditions.
Statement II : A key role for social workers in healthcare is to advocate for patients' rights and access to resources.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

39. The 'strengths-based approach' in social work practice involves:
(A) Focusing on a client's past failures and deficiencies.
(B) Providing a diagnosis based on a manual of disorders.
(C) Directing the client on every step they need to take.
(D) Identifying and mobilizing a client's inherent strengths and resources.

40. Match the items in List I with those in List II:
List I: (Social Work Function in Health)
P. Psychosocial Assessment
Q. Discharge Planning
R. Crisis Intervention
S. Advocacy
List II: (Description)
1. Providing immediate support during an acute emotional or situational distress.
2. Evaluating the psychological, social, and environmental factors affecting a patient's health.
3. Speaking or acting on behalf of a patient to secure needed services or rights.
4. Coordinating the transition of a patient from the hospital to their home or another facility.
Code:
(A) P-4, Q-2, R-1, S-3
(B) P-2, Q-4, R-1, S-3
(C) P-1, Q-3, R-2, S-4

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education, or occupation, affects their health is a central tenet of the study of:
(A) Health economics
(B) Medical ethics
(C) Clinical pharmacology
(D) Social stratification and health

92. The phenomenon where communities with higher levels of mutual trust and social participation tend to have better health outcomes is an example of the positive health effects of:
(A) Financial capital
(B) Social capital
(C) Human capital
(D) Physical capital

93. A female patient's heart attack symptoms are dismissed by a doctor as 'anxiety' while a male patient with the same symptoms is rushed into cardiac care.
This scenario illustrates the potential health implications of:
(A) Socio-economic status
(B) Geographic location
(C) Gender bias in healthcare
(D) The patient's age

94. Identify the incorrect pair related to SES and health.
(A) Higher Education : Associated with better health literacy and preventive care use.
(B) Low Income : Linked to food insecurity and residence in unhealthy environments.
(C) Low SES : Correlated with higher rates of morbidity and mortality for many diseases.
(D) Prestigious Occupation : Always results in lower stress and better health outcomes.

95. The 'social causation' versus 'social selection/ drift' debate seeks to explain the link between low SES and poor health. Consider the following statements:
(i) 'Social causation' posits that the conditions of poverty and low SES lead to ill health.
(ii) 'Social selection' or 'drift' posits that people who are already ill 'drift' down the social ladder.
(iii) The two hypotheses are mutually exclusive, and only one can be true.
(iv) Most researchers believe the relationship is bidirectional, with both processes playing a role.
(v) The debate is irrelevant to understanding health disparities.
Which of the above statements accurately represent this debate?
(A) (i), (ii), and (iv)
(B) (i) and (iii) only
(C) (ii), (iii), and (v)
(D) (iv) and (v) only

96. A law mandating the addition of folic acid to flour to prevent neural tube defects is an example of:
(A) An individual's health behavior.
(B) A health policy decision at the political level.
(C) A cultural practice.
(D) A market-based economic transaction.

97. From an economic perspective, why is healthcare not a typical 'market good'?
(A) Because prices are always low and affordable for everyone.
(B) Because consumers (patients) often lack the information to make rational choices.
(C) Because there is an oversupply of doctors and hospitals.
(D) Because the demand for healthcare is perfectly predictable.

98. All of the following are political aspects that can influence a population's health EXCEPT:
(A) The cellular mechanism by which a vaccine creates immunity.
(B) The government's stance on reproductive rights.
(C) The level of funding allocated to public health infrastructure.
(D) Regulations concerning environmental pollution from industries.

99. Which of the following statements about healthcare financing is incorrect?
(A) Systems funded by general taxation aim to decouple healthcare access from ability to pay.
(B) In a purely out-of-pocket system, an individual's access to care is directly tied to their wealth.
(C) The method of healthcare financing has no impact on health equity.

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(D) Social insurance systems are typically funded through mandatory contributions from employers and employees.

100. Match the items in List I with those in List II:
List I: (Political/Economic Term)
P. Lobbying
Q. Deregulation
R. Public Good
S. Rationing
List II: (Relevance to Health)
1. An aspect of health, like clean air, which is non-excludable and non-rivalrous.
2. The allocation of scarce healthcare resources, either by price or by need.
3. The attempt by pharmaceutical or insurance industries to influence government policy.
4. The removal of government controls, e.g., on food safety, which can have health consequences.

Code:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-1, R-2, S-4

101. An individual's belief about their own vulnerability to contracting a disease (e.g., "I am young and healthy, so I won't get the flu") is defined in the Health Belief Model as:
(A) Perceived severity
(B) Perceived benefits
(C) Perceived susceptibility
(D) Cues to action

102. The actions an individual undertakes to find out more about their symptoms and seek a diagnosis, such as consulting a doctor or searching online, are referred to as:
(A) Health behavior
(B) Illness behavior
(C) Preventive behavior
(D) Risk behavior

103. A person reads a pamphlet about the dangers of high blood pressure at a clinic and decides to get their blood pressure checked.
The pamphlet acted as a:
(A) Perceived barrier
(B) Self-efficacy component
(C) Subjective norm
(D) Cue to action

104. Identify the correct statement regarding health perceptions.
(A) An individual's perception of the severity of a symptom can influence their decision to seek care.
(B) Health perceptions are always aligned with objective medical facts.
(C) Social and cultural contexts have no impact on how an individual perceives health and illness.
(D) Everyone in the world perceives the meaning of 'health' in exactly the same way.

105. Consider the following elements:
(i) The sick person is exempt from normal social roles.
(ii) The sick person is not responsible for their condition.
(iii) The sick person is obligated to try to get well.
(iv) The sick person is obligated to seek technically competent help.
Which of the above are central to the concept of the "sick role" as described by Talcott Parsons?
(A) (i) and (ii) only
(B) (iii) and (iv) only
(C) (i), (ii), and (iii) only
(D) (i), (ii), (iii), and (iv)

106. In health economics, a situation where one party in a transaction has more or better information than the other, such as a patient knowing more about their health habits than the insurer, is called:
(A) Information asymmetry
(B) Market equilibrium
(C) Perfect competition
(D) Public good

107. A government agency is evaluating two different drugs for treating the same disease. Drug A is cheaper but less effective than Drug B.
Which type of analysis would be most appropriate to determine which drug provides more "health per dollar spent"?
(A) Cost-Minimization Analysis (CMA)
(B) Cost-Benefit Analysis (CBA)
(C) Financial Statement Analysis
(D) Cost-Effectiveness Analysis (CEA)

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108. All of the following are reasons why health economics is a distinct sub-discipline EXCEPT:
(A) The pervasive uncertainty in the incidence of disease and the effectiveness of treatment.
(B) The fact that health is not a scarce resource and has no associated costs.
(C) The significant role of government in financing and regulating healthcare.
(D) The presence of significant externalities, such as with communicable diseases.

109. Which of the following statements about a 'Disability-Adjusted Life Year' (DALY) is incorrect?
(A) It is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.
(B) It combines years of life lost (YLL) and years lived with disability (YLD).
(C) It is a tool used primarily for Cost-Benefit Analysis (CBA).
(D) A lower DALY value for a population indicates a better health situation.

110. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : From an economic standpoint, preventive healthcare can be seen as an investment.
Reason (R) : Spending on preventive measures today can lead to future savings by avoiding the higher costs of treating advanced diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

111. The primary goal of a phenomenological study in the context of health is to:
(A) Understand the essence of a lived experience from the perspective of those who have lived it.
(B) Develop a comprehensive theory of a social process.
(C) Describe the culture of a specific group of people.
(D) Test a hypothesis about the causal relationship between two variables.

112. In qualitative data analysis, what is 'thematic analysis'?
(A) A method for counting the frequency of specific words in a text.
(B) A process for identifying, analyzing, and reporting patterns (themes) within data.
(C) A statistical technique for determining the significance of findings.
(D) A procedure for randomly assigning participants to groups.

113. A researcher conducting interviews is careful to acknowledge and document their own assumptions, biases, and role in shaping the research process.
This practice is known as:
(A) Triangulation
(B) Reflexivity
(C) Generalization
(D) Validation

114. Identify the correct pair matching a qualitative method with its primary focus.
(A) Case Study : In-depth investigation of a single, bounded system (e.g., a person, a clinic, a program).
(B) Ethnography : The lived experience of an individual.
(C) Grounded Theory : The stories people tell to make sense of their world.
(D) Narrative Inquiry : The culture and social organization of a group.

115. Consider the following principles:
(i) Credibility
(ii) Transferability
(iii) Dependability
(iv) Confirmability
(v) Statistical significance
Which of the above ensure 'trustworthiness' in qualitative research?
(A) (i) and (v) only
(B) (i), (ii), (iii), and (iv)
(C) (v) only
(D) (ii) and (iv) only

116. A key contribution of the social work profession in a healthcare setting is its focus on:
(A) The patient's illness in isolation from their social context.
(B) Performing minor surgical procedures.

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(C) Prescribing and managing medications.
(D) The psychosocial aspects of health and illness.

117. A social worker in an oncology unit runs a support group for family members of cancer patients.
What is the primary purpose of this intervention?
(A) To provide medical advice on cancer treatment.
(B) To raise funds for the hospital.
(C) To provide a space for shared experience, mutual support, and coping strategies.
(D) To train family members in nursing skills.

118. Consider the following statements:
Statement I : Crisis intervention by a social worker is a long-term therapeutic process that can last for several years.
Statement II : Crisis intervention is a short-term, focused approach to help a client deal with an immediate and acute problem.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

119. A social worker recognizes that a client with diabetes is struggling to manage their condition because they live in a 'food desert' with no access to fresh, healthy food.
Applying the 'person-in-environment' perspective, what would be the most appropriate next step?
(A) To only focus on counseling the client about their lack of willpower.
(B) To conclude that the situation is hopeless and close the case.
(C) To refer the client for a psychiatric evaluation for non-compliance.
(D) To explore practical solutions like transportation to a grocery store, community gardens, or connecting with food assistance programs.

120. Match the items in List I with those in List II:
List I: (Healthcare Setting)
P. Hospital Emergency Department
Q. Hospice Care
R. Community Health Clinic
S. Neonatal Intensive Care Unit (NICU)
List II: (Typical Social Work Role)
1. End-of-life counseling and bereavement support for family.
2. Linking low-income families to preventive care and social services.
3. Supporting parents of premature or critically ill infants.
4. Crisis intervention, trauma support, assessing for abuse/neglect.
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-1, S-2
(C) P-4, Q-1, R-2, S-3
(D) P-2, Q-4, R-3, S-1

121. The term 'cultural competence' in healthcare refers to:
(A) The idea that one's own culture is superior to all others.
(B) A deep knowledge of art and literature from around the world.
(C) The ability of healthcare providers and organizations to deliver services that meet the social, cultural, and linguistic needs of patients.
(D) Treating every patient in exactly the same way, regardless of their background.

122. The fact that life expectancy is, on average, several years shorter in low-income countries compared to high-income countries is a clear manifestation of the global significance of which factors on health?
(A) Social and economic factors
(B) Primarily individual behavioral factors
(C) Primarily genetic factors
(D) Lunar and astrological factors

123. Why does a person's level of educational attainment significantly impact their health?
(A) Education directly modifies a person's DNA to make them healthier.
(B) There is no demonstrable link between education and health status.
(C) Educated people are genetically predisposed to be inherently healthier.
(D) Education is linked to better health literacy, income, and behaviors.

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124. Identify the correct statement regarding the scope of social sciences in health.
(A) Its scope is limited to studying the history of medicine.
(B) It encompasses the study of healthcare systems, health policy, and the social determinants of health and illness.
(C) It is a sub-field of biology focused on social animals.
(D) It only deals with mental health, not physical health.

125. Consider the following factors:
(i) Language barriers between patient and provider.
(ii) Religious beliefs that forbid blood transfusions.
(iii) Traditional dietary practices.
(iv) The cost of health insurance.
Which of the above statement(s) can be categorized as a cultural factor affecting health?
(A) (iv) only
(B) (i) and (ii) only
(C) (i), (ii) and (iii)
(D) (i), (ii), (iii) and (iv)

126. A limitation of a purely behavioral approach to health is that it can lead to:
(A) Acknowledging the importance of social structures.
(B) Developing effective public health policies.
(C) Understanding the role of poverty in health.
(D) "Blaming the victim" by overemphasizing individual responsibility.

127. Which social theory of disease would be most interested in how meanings are attached to an illness and how individuals manage their identities as 'chronically ill' persons?
(A) Symbolic Interactionism
(B) Structural Functionalism
(C) Social Epidemiology
(D) Conflict Theory

128. All of the following are levels of influence in the Social-Ecological Model EXCEPT:
(A) Individual (knowledge, attitudes, skills)
(B) Metaphysical (astrological signs, spiritual auras)
(C) Interpersonal (family, friends, social networks)
(D) Public Policy (national, state, local laws)

129. Which of the following statements about the 'social production of disease' framework is incorrect?
(A) It examines how the organization of society creates or exacerbates health problems.
(B) It suggests that individual lifestyle choices are the only cause of disease.
(C) It might analyze the health impacts of decisions made by corporations and governments.
(D) It is a macro-level perspective on health and illness.

130. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : From a sociological perspective, disease is not just a biological state but also a social role.
Reason (R) : Talcott Parsons' concept of the 'sick role' outlines the socially expected rights and obligations of an ill person.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

131. Higher rates of asthma in children living in poor-quality housing with mold and pest problems directly illustrate the implication of which factor on health?
(A) Genetic inheritance
(B) Individual choice of diet
(C) Socio-economic status and living conditions
(D) Access to elite private schools

132. The term 'food desert' refers to:
(A) A type of diet that excludes all liquids.
(B) A restaurant that only serves dry foods.
(C) A cultural preference for bland-tasting food.
(D) A low-income area with limited access to affordable, nutritious food.

133. A researcher is studying how having a supportive group of friends helps a person cope with the stress of a chronic illness.
The researcher is investigating the health

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(A) Reductionism and neglect of the social context of health and illness.
(B) Overemphasis on social and psychological factors.
(C) Ineffectiveness in treating infectious diseases.
(D) Lack of reliance on scientific evidence.

169. Which of the following statements incorrectly represents a social theory of disease?
(A) Social networks can influence health by providing social support or by promoting risky behaviors.
(B) The experience and meaning of illness are socially constructed.
(C) All diseases can be fully explained by examining the individual's genetic code alone.
(D) Social stress resulting from discrimination or poverty can be a pathway to physiological illness.

170. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : Socially marginalized groups often experience a higher burden of disease.
Reason (R): This is often a result of a combination of factors including discrimination, economic deprivation, limited access to resources, and heightened exposure to psychosocial stressors.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

171. A well-educated person is more likely to understand public health messages, evaluate symptoms critically, and navigate a complex healthcare system.
This demonstrates the role of which component of SES in health?
(A) Income
(B) Occupation
(C) Wealth
(D) Education

172. The term "weathering hypothesis" suggests that:
(A) Health is primarily determined by the climate in which a person lives.
(B) The health of members of marginalized groups deteriorates more rapidly with age due to the cumulative impact of social and economic adversity.
(C) People's health improves when they go on vacation to a better climate.
(D) The effects of socio-economic status on health are temporary and wash away over time.

173. A low-wage worker in a precarious job without paid sick leave is more likely to go to work while ill, potentially worsening their condition and spreading infection.
This scenario links:
(A) Education and health literacy.
(B) Cultural beliefs and religion.
(C) Occupation and income security.
(D) Genetic makeup and family history.

174. Identify the correct statement regarding the implications of SES for health.
(A) The health gap between high and low SES groups has been completely eliminated in modern societies.
(B) Higher income is the only component of SES that has any impact on health.
(C) The link between SES and health is a phenomenon observed only in developing countries.
(D) The social gradient in health means that there is a stepwise relationship between SES and health, not just a difference between the very rich and very poor.

175. Consider the following implications:
(i) Differential access to material resources like quality housing and nutrition.
(ii) Varying levels of exposure to psychosocial stressors like discrimination and insecurity.
(iii) Disparities in access to and quality of healthcare services.
(iv) Differences in social and political power to influence one's living conditions.
(v) An individual's star sign or astrological forecast.
Which of the above are key implications for health stemming from an individual's position within the social structure?
(A) (i) and (iii) only

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142. A person's belief in their own ability to successfully perform a specific health behavior (e.g., "I am confident I can stick to this diet") is known as:
(A) Perceived susceptibility
(B) A cue to action
(C) Fatalism
(D) Self-efficacy

143. All of the following are considered part of "illness behavior" EXCEPT:
(A) Going to a gym for regular exercise as a preventive measure.
(B) Complaining about symptoms to a family member.
(C) Making an appointment with a doctor.
(D) Taking over-the-counter medication for a headache.

144. Which statement about health perceptions and behaviors is incorrect?
(A) Cultural background can shape what symptoms are considered serious enough to warrant medical attention.
(B) Perceptions of risk are always rational and based on statistical probabilities.
(C) Health behaviors are learned and can be modified through intervention.
(D) The way illness is portrayed in the media can influence public health perceptions.

145. Consider the following stages:
(i) Precontemplation
(ii) Contemplation
(iii) Preparation
(iv) Action
Which of the above are part of the Stages of Change (Transtheoretical) Model?
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii), (iii), and (iv)
(D) None of the above

146. A pharmaceutical company is developing a new drug. The analysis comparing the cost of the drug to the health outcome measured in 'Quality-Adjusted Life Years' (QALYs) gained is a:
Cost-Utility Analysis
(A) Cost-Utility Analysis
(B) Cost-Benefit Analysis
(C) Cost-Minimization Analysis
(D) Financial Audit

147. A health program costs ₹1,00,000 and prevents 10 cases of a disease. A competing program costs ₹1,20,000 and prevents 15 cases.
To decide which program is more efficient, a health economist would calculate the:
(A) Total benefit of the programs in monetary terms.
(B) Number of quality-adjusted life years saved.
(C) Cost-effectiveness ratio (cost per case prevented) for each program.
(D) Return on investment for the hospital.

148. Consider the following statements:
Statement I : In health economics, 'equity' means that everyone receives the same amount of healthcare.
Statement II : In health economics, 'equity' can refer to equal access for equal need, or equality of health outcomes.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

149. The best description of 'adverse selection' in a voluntary health insurance market is:
(A) Insurers prefer to enroll healthy individuals.
(B) Doctors select the easiest patients to treat.
(C) High-risk individuals purchase insurance more often, increasing costs.
(D) Patients choose the most expensive treatments available.

150. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : The market for healthcare is often considered to be an example of market failure.
Reason (R) : Issues such as information asymmetry, externalities, and the potential for monopoly power prevent the healthcare market from operating with perfect efficiency like a market for a simple commodity.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct

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implications of:
(A) Formal healthcare policy
(B) Occupational status
(C) Social networks
(D) Individual genetics

134. Identify the incorrect statement regarding social structure and health.
(A) Social structures have no bearing on an individual's exposure to health risks.
(B) An individual's health status is completely independent of the social structure they live in.
(C) Gender is a social construct that can influence health through differences in roles, power, and access to resources.
(D) In all societies, race and ethnicity are purely biological categories with no social significance for health.

135. Consider the following pathways:
(i) Access to and quality of healthcare.
(ii) Exposure to health risks, both physical (e.g., pollution) and psychosocial (e.g., stress).
(iii) Health-related behaviors and lifestyle.
(iv) The individual's blood type.
(v) Social and psychological resources, such as social support and sense of control.
Which of the above are considered pathways through which socio-economic status (SES) influences health outcomes?
(A) (i), (ii), (iv), and (v)
(B) (i), (ii), (iii), and (v)
(C) (iv) and (v) only
(D) (i) and (iii) only

136. The body of laws, regulations, actions, and decisions implemented within a society in order to promote wellness and reduce health inequities is known as:
(A) Health policy
(B) Health economics
(C) Health perception
(D) Health behavior

137. In many healthcare systems, the fact that a doctor generally knows more about medicine than the patient is an example of:
(A) A positive externality
(B) A public good
(C) Information asymmetry
(D) Market failure due to monopoly

138. Consider the following statements:
Statement I : The political decision to privatize a public healthcare system is likely to have significant consequences for health equity.
Statement II : Economic factors, such as a country's GDP, have no correlation with its population's average life expectancy.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

139. The most appropriate description of health from a political economy perspective is:
(A) A personal trouble that is the sole responsibility of the individual.
(B) A purely biological phenomenon unaffected by social forces.
(C) A matter of luck and genetic fortune.
(D) A commodity whose distribution is shaped by class, power, and capital accumulation.

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140. Match the items in List I with those in List II:
List I: (Healthcare System)
P. Beveridge Model (Socialized Medicine)
Q. Bismarck Model (Social Insurance)
R. National Health Insurance Model
S. Out-of-Pocket System
List II: (Example Country)
1. Canada
2. Germany
3. United Kingdom
4. Rural regions of many developing nations
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-2, R-1, S-4
(C) P-2, Q-3, R-4, S-1
(D) P-3, Q-1, R-2, S-4

141. The idea that people's friends and family (subjective norms) influence their intention to perform a health behavior is a key component of which model?
(A) Health Belief Model
(B) Stages of Change Model
(C) Theory of Planned Behavior
(D) Biomedical Model

(C) It often involves working as part of an interdisciplinary team with doctors, nurses, and therapists.
(D) It includes roles like patient advocacy, counseling, and resource mobilization.

160. Match the items in List I with those in List II:
List I: (Social Work Skill)
P. Active Listening
Q. Empathy
R. Resource Mobilization
S. Psychosocial Education
List II: (Action)
1. Connecting a family to a local food bank and transportation services.
2. Explaining to a patient and their family the typical emotional responses to a new diagnosis.
3. Fully concentrating on what the client is saying, both verbally and non-verbally.
4. Understanding and sharing the feelings of the client from their perspective.
Code:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-4, R-1, S-2
(D) P-3, Q-1, R-4, S-2

161. The concept that health is shaped by a wide range of factors 'upstream' from the individual, such as economic policies and social conditions, is central to the study of:
(A) Clinical pathology
(B) Social determinants of health
(C) Surgical techniques
(D) Pharmaceutical chemistry

162. An individual's decision to get an annual flu shot is an example of a:
(A) Behavioral factor influencing health
(B) Cultural ritual
(C) Social structural constraint
(D) Political determinant of health

163. Consider the following statements:
Statement I : The significance of studying social, economic, and cultural factors in health is purely academic and has no practical application.
Statement II : Understanding these factors is crucial for developing equitable health policies and effective community-based interventions.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

164. Which of the following is the best example of a social factor influencing health?
(A) A person's blood type.
(B) A genetic mutation causing cystic fibrosis.
(C) The recommended dosage of an antibiotic.
(D) The presence of a strong, supportive family network.

165. Consider the following factors:
(i) The conditions of early childhood development.
(ii) The nature of an individual's employment and working conditions.
(iii) Access to affordable, healthy food.
(iv) The specific bacteria that causes an infection.
Which of the above are recognized social determinants of health?
(A) (i), (ii) and (iii)
(B) (i) and (iii) only
(C) (ii) and (iv) only
(D) (iv) only

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166. Which theory focuses on how social inequality and the distribution of power and resources in a society create differential health outcomes?
(A) Germ Theory
(B) A conflict theory perspective on health
(C) The Health Belief Model
(D) The Theory of Planned Behavior

167. A researcher examines health statistics and finds that across dozens of different diseases and over many decades, those with more education and income consistently have better health outcomes.
This finding provides support for:
(A) The Miasma Theory.
(B) The Specific Etiology Model.
(C) The Humoral Theory.
(D) The Fundamental Cause Theory.

168. The primary critique of the Biomedical Model from a sociological standpoint is its:

explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

151. What is the main purpose of using a 'case study' design in qualitative research?
(A) To develop a generalizable statistical model.
(B) To prove a causal relationship between two variables.
(C) To study a large population through a survey.
(D) To provide a detailed, in-depth examination of a single instance or event.

152. In qualitative research, the point at which collecting new data no longer sparks new insights or reveals new properties is called:
(A) Theoretical saturation
(B) Statistical significance
(C) Hypothesis testing
(D) Data triangulation

153. A social scientist is conducting a study on the experiences of refugees in a healthcare system. They choose to use unstructured interviews.
What is the main advantage of this method in this context?
(A) It allows for standardized, easily comparable data.
(B) It is the quickest and least expensive method of data collection.
(C) It allows participants the flexibility to tell their stories in their own words and raise issues the researcher may not have anticipated.
(D) It eliminates all forms of researcher bias.

154. Identify the incorrect pair regarding qualitative research terminology.
(A) Grounded Theory : Focuses on pre-existing hypotheses.
(B) Phenomenology : Focuses on lived experience.
(C) Ethnography : Focuses on culture.
(D) Narrative Inquiry : Focuses on stories and personal accounts.

155. A qualitative study exploring the cultural meanings of a local healing ritual would likely use certain methodological elements. Consider the following:
(i) Ethnographic framework.
(ii) Participant observation.
(iii) In-depth interviews with healers and community members.
(iv) A randomized controlled trial to test the ritual's efficacy.
(v) Analysis of historical texts and oral histories about the ritual.
Which of the above statement(s) is/are correct regarding the appropriate combination of methods?
(A) (i), (ii), and (iv)
(B) (iv) and (v) only
(C) (i), (ii), (iii), and (v)
(D) (i), (ii), (iii), and (iv), and (v)

156. The social work principle of 'client self-determination' means:
(A) The social worker determines what is best for the client.
(B) The client is seen as an expert in their own life and has the right to make their own decisions.
(C) The client's family has the ultimate say in all decisions.
(D) The social worker must follow the doctor's orders without question.

157. A social worker is asked to see a patient who has just received a terminal diagnosis and is emotionally distraught.
The social worker's immediate role would be to provide:
(A) Discharge planning
(B) Financial assistance
(C) Crisis intervention and emotional support
(D) Long-term psychotherapy

158. All of the following are common settings for health social work EXCEPT:
(A) Public hospitals
(B) Community mental health centers
(C) Hospice and palliative care units
(D) Corporate investment banks

159. Which statement incorrectly describes the social work approach in healthcare?
(A) Its primary and sole function is to arrange financial aid for patients.
(B) It emphasizes the importance of the social and environmental context of the patient.

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(B) (i), (ii), (iii), and (iv)
(C) (v) only
(D) (ii) and (iv) only

176. The concept of 'medicalization' refers to:
(A) The process of training to become a medical doctor.
(B) The process by which non-medical problems become defined and treated as medical problems.
(C) The distribution of medicines to patients in a hospital.
(D) The study of the history of medicine.

177. When a government decides to fund a national immunization program, it is implicitly acknowledging that vaccination provides:
(A) A negative externality, by harming others.
(B) A positive externality, by contributing to herd immunity.
(C) No economic benefits to society.
(D) A benefit only to the pharmaceutical company.

178. All of the following represent an intersection of political and economic aspects of health EXCEPT:
(A) A doctor's use of a stethoscope to listen to a patient's breathing.
(B) A debate in parliament over the national health budget.
(C) The influence of tobacco industry lobbyists on smoking regulations.
(D) The impact of international trade agreements on the price of medicines.

179. Which statement incorrectly describes the economic features of healthcare?
(A) The consumer (patient) is often not the one who pays directly for the service, due to insurance.
(B) The provider (doctor) has a significant influence on the demand for services.
(C) The outcome of medical treatment is always certain and guaranteed.
(D) Emergency care represents a situation of highly inelastic demand.

180. Match the items in List I with those in List II:
List I: (Term)
P. Health Inequity
Q. Health Inequality
R. Health Policy
S. Health Economics
List II: (Definition)
1. Any difference in the health status of individuals or groups.
2. The application of economic theory to phenomena and problems associated with health and healthcare.
3. A difference in health that is systemic, avoidable, and unjust.
4. The decisions, plans, and actions undertaken to achieve specific healthcare goals within a society.
Code:
(A) P-1, Q-3, R-2, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-2, R-4, S-1

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181. An individual who feels that their health is largely a matter of fate or chance and that their actions have little impact on it is exhibiting a strong:
(A) Internal locus of control.
(B) Sense of self-efficacy.
(C) External locus of control or fatalism.
(D) Perception of benefits.

182. A public health campaign uses fear-arousing messages showing graphic images of lung cancer to discourage smoking.
This strategy is primarily targeting which construct of the Health Belief Model?
(A) Perceived benefits
(B) Perceived severity
(C) Self-efficacy
(D) Cues to action

183. Consider the following statements:
Statement I : Health-seeking behavior is uniform across all social and cultural groups.
Statement II : Factors such as cost, distance to facilities, trust in the medical system, and cultural beliefs about illness can all influence whether and where a person seeks care.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

R. Counseling
S. Psychosocial Assessment
List II: (Guiding Principle/Framework)
1. Therapeutic relationship and communication skills
2. Social justice and empowerment
3. Systems theory and coordination of care
4. Person-in-environment perspective
Code:
(A) P-1, Q-3, R-2, S-4
(B) P-2, Q-3, R-1, S-4
(C) P-4, Q-1, R-2, S-3
(D) P-2, Q-4, R-1, S-3

201. Which definition best encapsulates the scope of social sciences in health?
(A) A narrow focus on the psychology of individual patients.
(B) The application of economic principles to hospital management only.
(C) A multidisciplinary field examining the interplay of social, cultural, economic, and political factors.
(D) The historical study of how societies have dealt with plagues.

202. The concept of 'lifestyle drift' in public health refers to:
(A) The tendency for health policy, despite acknowledging social determinants, to drift back towards focusing on individual lifestyle choices.
(B) The tendency for people's health behaviors to improve as they age.
(C) The gradual change in a nation's dominant culture over time.
(D) The movement of people from rural to urban areas.

203. Why does social discrimination act as a determinant of health?
(A) Because it has no real impact on a person's life opportunities or stress levels.
(B) Because it is a purely legal issue with no physiological consequences.
(C) Because it only affects the health of the person perpetrating the discrimination.
(D) It creates chronic stress, economic disadvantage, and results in inequitable access to resources.

204. Identify the incorrect statement regarding the social determinants of health.
(A) They are relevant across the entire life course.
(B) They are fixed, unchangeable, and cannot be influenced by policy.
(C) They are responsible for a major part of health inequities within and between countries.
(D) They include factors such as social inclusion, employment conditions, and access to education.

205. Consider the following statements:
Statement I : The social production of disease perspective analyzes how the pursuit of profit in certain industries can create public health problems.
Statement II : The biomedical model is the most effective framework for explaining the social patterning of chronic disease.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

206. The idea that being in a particular social position provides access to a set of resources (e.g., knowledge, money, power, prestige) that can be used to protect one's health is a key mechanism in which theory?
(A) The Germ Theory of Disease
(B) The Theory of Humoral Balance
(C) The Miasma Theory
(D) The Fundamental Cause Theory

207. A public health intervention that focuses solely on teaching individuals about healthy eating without addressing the fact that they live in a 'food desert' fails to account for:
The structural constraints on their behavior.
(A) The structural constraints on their behavior.
(B) The individuals' lack of intelligence.
(C) The biological basis of hunger.
(D) The proper color-coding for educational pamphlets.

208. The 'social gradient' in health is a robust finding that is least likely to be explained by:
(A) Differences in health-related behaviors

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192. Which qualitative method involves the systematic generation of theory from data acquired by a researcher?
(A) Ethnography
(B) Grounded Theory
(C) Phenomenology
(D) Case Study

193. A researcher is studying how the physical layout of a clinic waiting room affects patient anxiety. They sit in the waiting room for several weeks, observing and taking notes on patient interactions and behaviors.
This data collection technique is:
(A) A structured survey.
(B) Participant observation.
(C) A randomized controlled trial.
(D) A historical document analysis.

194. Identify the incorrect statement about qualitative research methodology.
(A) The researcher is viewed as an objective, detached instrument of measurement.
(B) It often uses purposive sampling rather than random sampling.
(C) Data analysis is an iterative process that may occur alongside data collection.
(D) It is well-suited for answering "how" and "why" questions.

195. A study aims to understand the complex decision-making process within a hospital's ethics committee. The researcher decides to focus intensely on this committee using interviews, observation, and document analysis.
Consider the following elements:
(i) A case study design.
(ii) The concept of the "bounded system" (the committee itself).
(iii) The use of multiple sources of evidence (triangulation).
(iv) The aim of developing an in-depth, holistic understanding.
(v) A large, random sample of ethics committees from across the country.
Which of the above statement(s) is/are correct regarding the study's methodological elements?
(A) (i), (ii), (iii), and (iv)
(B) (v) only
(C) (i) and (v) only
(D) (iv) and (v) only

196. The role of a medical social worker which involves helping a patient and their family cope with the emotional and social impacts of illness is best described as:
Supportive counseling
(A) Administrative management
(B) Financial auditing
(C) Medical diagnosis
(D) Supportive counseling

197. The unique perspective that a social worker brings to a multidisciplinary healthcare team is often their expertise in:
(A) Surgical techniques.
(B) Pharmacology.
(C) Understanding the patient within their social and environmental context.
(D) Interpreting laboratory results.

198. Consider the following statements:
Statement I : A major role for social workers in healthcare is to help patients navigate complex systems and access concrete resources.
Statement II : The 'strengths-based approach' requires the social worker to ignore the client's problems and challenges.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

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199. A social worker at a school notices a child is frequently absent due to asthma attacks. The social worker investigates and finds the family lives in a home with severe mold. The social worker then helps the family connect with legal aid to address the housing issue.
This is an example of:
(A) A purely medical intervention.
(B) A strengths-based approach focused only on the child's resilience.
(C) An intervention that ignores the medical problem.
(D) The social work approach of intervening at the environmental level.

200. Match the items in List I with those in List II:
List I: (Social Work Role)
P. Advocacy
Q. Case Management

217. A program that provides free, clean needles to injection drug users to prevent the spread of HIV and hepatitis is an example of what kind of public health strategy?
A harm reduction strategy
(A) A prohibitionist strategy
(B) A strategy based on moral judgment
(C) A harm reduction strategy
(D) A strategy focused solely on abstinence.

218. An economic analysis measures the cost of a new surgical procedure in rupees and the outcome in 'life-years gained'.
This is an example of:
(A) Cost-Effectiveness Analysis (CEA)
(B) Cost-Benefit Analysis (CBA)
(C) Cost-Minimization Analysis (CMA)
(D) Cost-Utility Analysis (CUA)

219. The concept of 'opportunity cost' is crucial in health economics because:
(A) It highlights that resources are infinite.
(B) It only applies to the financial costs of a treatment.
(C) It proves that all healthcare interventions are equally valuable.
(D) It forces decision-makers to consider the value of the foregone alternative when making a choice.

220. Consider the following steps of a typical qualitative research process:
(i) Data Analysis and Interpretation
(ii) Defining the Research Question
(iii) Data Collection
(iv) Dissemination of Findings
(v) Literature Review and Study Design
Which of the following represents the logical order of these steps?
(A) (i), (ii), (iii), (v), (iv)
(B) (ii), (v), (iii), (i), (iv)
(C) (iii), (i), (ii), (v), (iv)
(D) (v), (iv), (iii), (ii), (i)

221. In qualitative research, what does 'credibility' refer to?
(A) The degree to which the findings can be generalized to other contexts.
(B) The ability to replicate the study and get the exact same results.
(C) The confidence in the truth of the research findings, as judged by the participants and context in which the research was conducted.
(D) The statistical significance of the results.

222. A researcher wants to understand the meaning of 'a good death' from the perspective of hospice nurses. Which qualitative approach would be most appropriate?
(A) Ethnography
(B) Case Study
(C) Grounded Theory
(D) Phenomenology

223. What is the main disadvantage of using focus groups as a data collection method?
(A) Some participants may dominate the discussion, or individuals may be hesitant to share dissenting or sensitive views.
(B) They are very expensive to conduct.
(C) They are not good for generating a wide range of ideas.
(D) The data collected is too structured and lacks depth.

224. A social worker helps a non-English speaking patient find a qualified interpreter for their doctor's appointment.
This action primarily falls under which social work role?
(A) Psychotherapy
(B) Resource mobilization and advocacy
(C) Crisis intervention
(D) Group facilitation

225. The social work approach in healthcare is fundamentally holistic because it:
(A) Considers only the client's physical symptoms.
(B) Recognizes the interplay of biological, psychological, and social factors in a client's life.
(C) Focuses exclusively on environmental factors.
(D) Only provides services to the whole family, never to individuals.

226. What is the purpose of a psychosocial assessment in a healthcare setting?
(A) To understand the various social, psychological, environmental, and financial

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across social classes.
(B) A random distribution of genetic factors across the population.
(C) The cumulative effect of disadvantage over the life course.
(D) Unequal access to high-quality healthcare.

209. Which of the following best exemplifies the health impact of social structure?
(A) A person catching a cold from a family member.
(B) The higher rates of mortality and morbidity among racially segregated and disinvested communities.
(C) An individual's personal preference for a specific type of exercise.
(D) A doctor choosing a particular brand of medication to prescribe.

210. Consider the following levels of the Social-Ecological Model:
(i) Public Policy
(ii) Interpersonal
(iii) Individual
(iv) Community
(v) Organizational
Which of the following represents the correct order from the most micro (individual) to the most macro (societal)?
(A) (iii), (ii), (v), (iv), (i)
(B) (i), (iv), (v), (ii), (iii)
(C) (iii), (v), (ii), (iv), (i)
(D) (v), (iv), (i), (ii), (iii)

211. Which term describes the process of defining aspects of human life, like aging or childbirth, as medical issues in need of intervention?
(A) De-medicalization
(B) Socialization
(C) Medicalization
(D) Iatrogenesis

212. A key reason why governments often intervene in healthcare markets is that health is sometimes considered a:
(A) Giffen good, where demand increases as price increases.
(B) Inferior good, where demand decreases as income increases.
(C) Private good with no externalities.
(D) Merit good, something society feels individuals should have regardless of their ability to pay.

213. What is a primary consequence of a healthcare system funded predominantly by out-of-pocket payments?
(A) It ensures perfect equity, as everyone pays for what they use.
(B) It leads to an overconsumption of unnecessary healthcare services by the entire population.
(C) It can create catastrophic financial hardship for individuals with serious illnesses and act as a major barrier to seeking care.
(D) It is the most efficient system for funding public health and prevention programs.

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214. Identify the correct pair.
(A) Health Belief Model : Focuses on stages of change like precontemplation and action.
(B) Theory of Planned Behavior : Emphasizes the role of subjective norms and perceived behavioral control.
(C) Stages of Change Model : Centers on perceived susceptibility and severity of a disease.
(D) Sick Role Theory : Explains how to calculate cost-effectiveness ratios.

215. A person has no intention of quitting smoking in the next six months and is often defensive about their habit.
According to the Stages of Change Model, this person is in which stage?
(A) Contemplation
(B) Preparation
(C) Action
(D) Precontemplation

216. A key difference between 'illness behavior' and 'health behavior' is that:
(A) 'Illness behavior' is activity undertaken by a person who feels ill to define and remedy their health problem.
(B) 'Health behavior' is activity undertaken by a person who feels ill to define their health problem.
(C) They are identical concepts.
(D) 'Health behavior' relates only to diet, while 'illness behavior' relates only to medication.

(D) A pathology-focused or deficit-based model.

236. The study of the distribution and determinants of health-related states in specified populations is known as:
(A) Health economics
(B) Social epidemiology
(C) Medical anthropology
(D) Clinical psychology

237. The 'Whitehall Studies' were groundbreaking because they demonstrated:
A clear social gradient in health and mortality even within a population of employed individuals with access to the same healthcare.
(A) That the biomedical model is sufficient to explain all diseases.
(B) That there are no health differences between different occupational grades.
(C) A clear social gradient in health and mortality even within a population of employed individuals with access to the same healthcare.
(D) That genetics are the only factor determining life expectancy.

238. In the context of health systems, 'rationing' refers to:
(A) The process of providing unlimited healthcare to everyone.
(B) The calculation of nutritional ratios in hospital food.
(C) The recruitment of new doctors and nurses.
(D) The controlled distribution of scarce healthcare resources.

239. Which model of health behavior focuses on an individual's readiness to act on a new healthier behavior and provides strategies to guide the individual through stages of change?
(A) The Transtheoretical Model (Stages of Change)
(B) Health Belief Model
(C) Theory of Planned Behavior
(D) The Social-Ecological Model

240. Consider the following healthcare financing mechanisms:
(i) Out-of-Pocket Model
(ii) Beveridge Model (Tax-funded)
(iii) Bismarck Model (Social Insurance)
Which of the following represents the correct order from most "socialized" (collective funding) to most "privatized" (individual funding)?
(A) (i), (iii), (ii)
(B) (ii), (iii), (i)
(C) (iii), (ii), (i)
(D) (i), (ii), (iii)

241. A qualitative study where the researcher's primary goal is to accurately describe the values, beliefs, and social practices of a particular cultural group is an example of:
Ethnography
(A) Phenomenology
(B) Ethnography
(C) Grounded Theory
(D) Narrative Inquiry

242. The social work activity of connecting clients with necessary services, such as housing assistance, food stamps, or transportation, is best termed:
Resource mobilization
(A) Resource mobilization
(B) Psychoanalysis
(C) Medical prescription
(D) Financial investment

243. The "inverse care law" states that:
(A) The more care a person receives, the less healthy they become.
(B) Those who need care the least tend to use it the most.
(C) The availability of good medical care tends to be inversely related to the need for it in the population served.
(D) The quality of care is inversely proportional to the cost.

244. Why can health literacy be considered a social determinant of health?
(A) It is a fixed genetic trait that cannot be changed.
(B) It is only relevant for doctors and nurses, not for patients.
(C) Having high health literacy guarantees a long and healthy life.
(D) It is shaped by educational background and is essential for navigating the healthcare system.

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factors impacting a patient's health and well-being.
(B) To provide a definitive medical diagnosis.
(C) To determine the patient's eligibility for a specific clinical trial.
(D) To assess the patient's physical strength and mobility.

227. Which of the following is NOT a core value or principle of social work in healthcare?
(A) Service and social justice
(B) Dignity and worth of the person
(C) Maintaining professional distance by avoiding all emotional connection with clients
(D) Importance of human relationships

228. The 'social causation' hypothesis of health disparities suggests that:
(A) Poor health causes individuals to drift into lower socio-economic positions.
(B) Health disparities are primarily caused by genetic differences between social classes.
(C) Social factors have no causal role in health outcomes.
(D) The conditions associated with lower socio-economic status (e.g., stress, poor nutrition) cause poor health.

229. A government passes a law increasing taxes on sugary drinks to discourage consumption.
This is a policy intervention that operates at what level of the social-ecological model?
(A) Individual
(B) Interpersonal
(C) Public Policy
(D) Organizational

230. Consider the following historical models of disease causation:
(i) Germ Theory
(ii) Biopsychosocial Model
(iii) Humoral/Supernatural Theories
(iv) Biomedical Model
Which of the following represents the chronological order of their emergence and dominance?
(A) (iii), (i), (iv), (ii)
(B) (i), (iii), (iv), (ii)
(C) (iii), (iv), (i), (ii)
(D) (iv), (ii), (i), (iii)

231. The concept that explores how intersecting social identities, such as race, gender, and class, create unique experiences of discrimination and privilege is known as:
(A) Social Darwinism
(B) Structural Functionalism
(C) Ethnocentrism
(D) Intersectionality

232. Which of the following is the best example of 'health-seeking behavior'?
(A) An individual with a persistent cough making an appointment to see a doctor.
(B) An individual deciding to start exercising to prevent heart disease.
(C) A government launching a public health campaign.
(D) A hospital purchasing new diagnostic equipment.

233. Consider the following statements:
Statement I : Cost-Benefit Analysis (CBA) requires placing a monetary value on health outcomes, which can be ethically controversial.
Statement II : Cost-Effectiveness Analysis (CEA) compares interventions based on a common, non-monetary health outcome, like 'cost per case prevented'.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

234. In qualitative data analysis, what is the purpose of 'coding'?
(A) To label and categorize segments of text or data to identify emerging themes and patterns.
(B) To assign numerical values to data for statistical analysis.
(C) To encrypt the data so that it cannot be read by others.
(D) To write a final summary of the research findings.

235. The 'strengths-based perspective' in social work is a direct contrast to:
(A) A person-in-environment model.
(B) An advocacy-based model.
(C) A systems theory model.

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184. Identify the correct statement regarding health behavior change.
(A) An individual's confidence in their ability to change (self-efficacy) is a critical predictor of success.
(B) Providing information alone is almost always sufficient to change complex health behaviors.
(C) Behavior change is a simple, one-time event rather than a process.
(D) Social norms and peer influence have a negligible effect on health behaviors like substance use.

185. Consider the following elements:
(i) Financial cost of the behavior (e.g., gym membership).
(ii) Lack of time or convenience.
(iii) Fear or pain associated with a medical procedure.
(iv) The strong social support an individual receives for the behavior.
Which of the above are considered key 'barriers to action' in health behavior models?
(A) (i) and (iv) only
(B) (i), (ii) and (iii)
(C) (ii) and (iii) only
(D) (iv) only

186. Which type of health economic analysis would be used if two interventions are known to have the exact same health outcome, and the goal is simply to find which one is cheaper?
(A) Cost-Minimization Analysis (CMA)
(B) Cost-Benefit Analysis (CBA)
(C) Cost-Effectiveness Analysis (CEA)
(D) Cost-Utility Analysis (CUA)

187. The use of DALYs (Disability-Adjusted Life Years) as an outcome measure is common in global health to:
(A) Calculate the profitability of hospitals.
(B) Determine the genetic cause of a disease.
(C) Assign monetary value to health outcomes for use in Cost-Benefit Analysis.
(D) Compare the overall burden of different diseases and injuries across populations.

188. All of the following are challenges in applying standard economic principles to healthcare EXCEPT:
(A) The presence of third-party payers which distorts the price signals to consumers.
(B) The fact that all consumers have perfect and complete information about medical treatments.
(C) The ethical considerations and equity concerns that are central to health.
(D) The inherent uncertainty surrounding the onset of illness and the effectiveness of treatment.

189. Which statement incorrectly describes a concept in health economics?
(A) 'Supplier-induced demand' refers to the ability of physicians to influence the demand for their own services.
(B) A 'single-payer' system is one where the government is the primary financer of healthcare.
(C) The demand for emergency medical care is typically highly price-elastic.
(D) 'Out-of-pocket' expenditure is the direct payment made by individuals for healthcare services.

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190. In the following question, a statement of Assertion (A) is followed by a statement of Reason (R). Choose the correct option:
Assertion (A) : The price of patented drugs is often significantly higher than the cost of production.
Reason (R) : The patent system grants a temporary monopoly to the innovator, allowing them to recoup research and development costs.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

191. The primary aim of qualitative research is to:
(A) Gain an in-depth, contextual understanding of a phenomenon.
(B) Test a specific, pre-defined hypothesis.
(C) Generalize findings to a larger population.
(D) Produce precise numerical measurements of variables.

245. Consider the following statements:
Statement I : In grounded theory research, the researcher begins with a well-developed theory and seeks to test it.
Statement II : In grounded theory research, the theory emerges from the data itself through a process of constant comparison.
Which of the following is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false, but Statement II is true.
(D) Statement I is true, but Statement II is false.

246. Which of the following pairs is incorrectly matched?
(A) Credibility (Qualitative) : Internal Validity (Quantitative)
(B) Confirmability (Qualitative) : Statistical Power (Quantitative)
(C) Transferability (Qualitative) : External Validity/Generalizability (Quantitative)
(D) Dependability (Qualitative) : Reliability (Quantitative)

247. A social worker in a dialysis unit helps patients and their families adjust to the lifestyle changes required by a chronic illness.
This role is best described as:
(A) Financial auditing
(B) Legal advocacy
(C) Medical diagnosis
(D) Adjustment and coping support

248. The most significant contribution of a social science perspective to the field of health is that it:
(A) Highlights that health and disease are not just individual biological events but are profoundly shaped by social context.
(B) Proves that biology and genetics are irrelevant to health.
(C) Provides new surgical techniques for doctors to use.
(D) Focuses exclusively on creating profitable healthcare businesses.

249. A hospital implements a policy requiring all staff to undergo training on the cultural beliefs and practices of the main ethnic groups in their community.
This initiative is an attempt to improve:
(A) The hospital's financial performance.
(B) The architectural design of the building.
(C) Cultural competence and reduce health disparities.
(D) The speed of emergency room services.

250. Consider the following concepts:
(i) Poor Health Outcome
(ii) Social-structural Position
(iii) Exposure to Risk Factors
(iv) Physiological Response
Which of the following represents a likely causal pathway as described by social theories of health?
(A) (i), (ii), (iii), (iv)
(B) (ii), (iii), (iv), (i)
(C) (iii), (i), (iv), (ii)
(D) (ii), (iv), (i), (iii)

Direction : Please read the following source carefully.

The intersection of social sciences and health marks a significant paradigm shift from a purely biomedical model to a more holistic, biopsychosocial framework. This field's scope is extensive, encompassing the study of how social, economic, cultural, and behavioral factors collectively influence health outcomes, disease distribution, and healthcare systems. The definition of health itself is broadened beyond the mere absence of disease to include well-being shaped by societal conditions. Social factors, such as social networks and community cohesion, can offer protective benefits or expose individuals to stress. Economic factors, including income inequality and employment status, directly correlate with access to care and nutritional standards. Cultural factors, involving beliefs, traditions, and values, shape health-seeking behaviors and perceptions of illness. Finally, behavioral factors, such as lifestyle choices like diet and exercise, are understood not as isolated individual decisions but as choices heavily influenced by the surrounding social and economic environment. The significance of this integrated approach lies in its ability to explain health disparities among different population groups and to inform the design of more effective and equitable public health policies and interventions that address the root causes of poor health rather than just its symptoms.

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Based on the above source, attempt the following five questions.

251. What is the primary significance of integrating social sciences into the study of health as described in the paragraph?
(A) To replace the biomedical model with a purely sociological one.
(B) To understand health disparities and inform equitable public health policy.
(C) To focus exclusively on individual lifestyle and behavioral choices.
(D) To prioritize the study of cultural traditions over economic factors.

252. According to the source, how are behavioral factors like diet and exercise best understood within the social sciences framework?
(A) As choices significantly shaped by social and economic contexts.
(B) As purely personal decisions independent of external influences.
(C) As factors determined solely by cultural beliefs and values.
(D) As biological predispositions with minor social relevance.

253. The paragraph implies that a purely biomedical model of health is limited because it:
(A) overemphasizes the role of cultural and behavioral factors.
(B) ignores the genetic and physiological aspects of illness.
(C) fails to account for the societal conditions that shape health and disease.
(D) is ineffective in treating acute infectious diseases.

254. Which of the following is an example of an economic factor's influence on health as mentioned in the text?
(A) The level of community cohesion and social support.
(B) The traditional beliefs about the causes of illness.
(C) The individual's choice to engage in regular physical activity.
(D) The correlation between employment status and access to healthcare.

255. The shift towards a biopsychosocial framework, as discussed in the source, suggests that health interventions should primarily focus on:
(A) developing new pharmaceutical treatments.
(B) promoting uniform health behaviors across all cultures.
(C) tackling the underlying social and economic causes of poor health.
(D) addressing the symptoms of disease in clinical settings.

Direction : Please read the following source carefully.

Social theories concerning the causation of disease offer critical frameworks for understanding why morbidity and mortality are unequally distributed across populations. These theories move beyond the individual-centric, germ-theory-based explanations of the biomedical model to explore how broader social structures and processes create conditions that either foster health or generate pathology. A central tenet of this perspective is that social conditions are fundamental causes of disease. For instance, theories of social stratification link health outcomes to an individual's position in the social hierarchy, suggesting that factors like power, prestige, and access to resources create a gradient of health. Other approaches may focus on how social stressors, stemming from discrimination, economic deprivation, or social isolation, translate into physiological responses that increase vulnerability to a wide range of illnesses. These theories do not negate the role of pathogens or biological processes but contextualize them, arguing that exposure to risk and the capacity to resist disease are socially determined. By identifying the causal pathways through which social phenomena impact health, these theories provide a robust foundation for public health interventions aimed at modifying social environments rather than solely targeting individual behaviors or biological mechanisms.

Based on the above source, attempt the following five questions.

256. What is the central argument of the social theories of disease causation described in the paragraph?
(A) Biological pathogens are the sole determinants of illness.

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(B) Social conditions are fundamental determinants of disease distribution.
(C) Individual behaviors are the primary cause of all chronic diseases.
(D) Genetic predispositions override all environmental and social factors.

257. How do social theories of causation contextualize the role of biological processes in disease?
(A) By arguing that biological processes are irrelevant to health outcomes.
(B) By proposing that all biological responses are uniform across different social classes.
(C) By claiming that social theories can fully replace the germ theory of disease.
(D) By suggesting that social factors determine exposure to risk and resistance to disease.

258. According to the source, a theory linking health outcomes to a person's position in the social hierarchy would be an example of:
(A) a theory of social stratification.
(B) a germ-theory-based explanation.
(C) a purely behavioral model.
(D) a theory of genetic determinism.

259. Based on the text, what is a key difference between a social theory approach and a purely biomedical approach to disease?
(A) The biomedical approach focuses on social environments, while the social theory approach focuses on germs.
(B) The biomedical approach is concerned with prevention, while the social theory approach is concerned with treatment.
(C) The social theory approach examines broader social structures, while the biomedical approach focuses on individual-level pathogens.
(D) The social theory approach ignores physiological responses, while the biomedical approach prioritizes them.

260. An intervention designed based on social theories of causation would most likely aim to:
(A) modify social environments to reduce health risks.
(B) develop a new vaccine for an infectious disease.
(C) prescribe medication for a chronic condition.
(D) launch a media campaign focused solely on individual willpower.

Direction : Please read the following source carefully.

The implications of social structure and socio-economic status (SES) for health are profound and well-documented, forming a cornerstone of social epidemiology. Social structure refers to the patterned social arrangements in society, including class, gender, and ethnic hierarchies, which fundamentally shape life chances. SES, a key dimension of this structure, is typically measured by a combination of income, education, and occupation. Research consistently demonstrates a "social gradient" in health, where individuals with higher SES experience better health outcomes and longer life expectancies than those with lower SES. The mechanisms driving these disparities are multifaceted. Lower SES is associated with greater exposure to health-damaging factors, such as hazardous working conditions, residence in polluted neighborhoods, and chronic financial stress. Concurrently, it is linked to reduced access to health-promoting resources, including quality healthcare, nutritious food, safe recreational spaces, and higher education. The cumulative effect of these differential exposures and resources over a lifetime results in a significant and persistent health gap between socio-economic groups. Therefore, addressing health inequalities necessitates policies that go beyond the healthcare sector to tackle the underlying structural inequities in society that determine socio-economic position.
Based on the above source, attempt the following five questions.

261. According to the text, the "social gradient" in health refers to the phenomenon where:
(A) health outcomes are randomly distributed across the population.
(B) individuals in rural areas have better health than those in urban areas.
(C) health disparities are solely based on genetic differences between groups.
(D) better health is consistently associated with higher socio-economic status.

262. Which of the following is NOT mentioned in the paragraph as a typical measure of socio-economic status (SES)?
(A) Income level.

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(D) behavioral change is impossible to achieve in any population.

275. A person's decision to get a vaccine, based on the logic presented in the text, would likely be influenced by their:
(A) income level, to the exclusion of all other factors.
(B) doctor's personal opinion, regardless of their own beliefs.
(C) perception of their susceptibility to the disease and the benefits of vaccination.
(D) general interest in medical technology.

Direction : Please read the following source carefully.

Health economics applies the theories and principles of economics to the subject of health and healthcare. It is fundamentally concerned with the issue of scarcity—the fact that resources available for healthcare (such as funding, personnel, and technology) are finite, while the demand for health services is virtually limitless. This scarcity necessitates choices about how to allocate these limited resources to achieve maximum benefit for the population. Health economics provides tools and frameworks for analyzing these choices in terms of efficiency and equity. Efficiency can be considered in two main forms: allocative efficiency, which involves distributing resources to produce the combination of goods and services most valued by society, and technical efficiency, which means producing a given output (e.g., a certain number of patient recoveries) with the least costly combination of inputs. Equity, on the other hand, deals with the fairness of the distribution of health and healthcare among different individuals and groups. Health economists study a wide range of topics, including the demand for health services, the financing and organization of health systems, economic evaluation of new treatments and interventions (e.g., cost-effectiveness analysis), and the functioning of health-related markets, such as for pharmaceuticals and health insurance.

Based on the above source, attempt the following five questions.

276. What is the fundamental issue that health economics seeks to address?
(A) The scarcity of resources relative to the demand for health services.
(B) The limitless supply of healthcare resources.
(C) The declining demand for healthcare in modern societies.
(D) The exclusive focus on equity without regard for efficiency.

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277. The paragraph distinguishes between two forms of efficiency. "Allocative efficiency" is concerned with:
(A) producing a service with the minimum possible inputs.
(B) ensuring all individuals receive the exact same healthcare.
(C) evaluating the technical specifications of medical equipment.
(D) distributing resources to produce the mix of services most valued by society.

278. Which of the following best describes the concept of "equity" in the context of health economics?
(A) The technical proficiency of healthcare providers.
(B) The fairness in the distribution of health and healthcare.
(C) The total amount of money spent on healthcare.
(D) The market price of a pharmaceutical drug.

279. A health economist conducting a "cost-effectiveness analysis" of a new drug would be engaged in which activity mentioned in the text?
(A) Studying the demand for health insurance.
(B) Analyzing the fairness of healthcare distribution.
(C) Performing an economic evaluation of a new intervention.
(D) Examining the organization of the hospital system.

280. Based on the source, why are choices regarding resource allocation necessary in healthcare?
(A) Because patients are often indecisive about their treatment options.
(B) Because there are too many doctors and not enough patients.
(C) Because economic principles do not apply to the health sector.
(D) Because the resources for healthcare are finite while the demand is not.

diseases.
(D) funding the development of new surgical techniques.

269. What role do corporate interests play in the political economy of health, according to the paragraph?
(A) They primarily fund public health research out of social responsibility.
(B) They are solely responsible for providing healthcare services to the public.
(C) They exert influence on health policy to align with their commercial objectives.
(D) They have no significant impact on government health decisions.

270. An analysis from the political economy of health perspective would likely conclude that the structure of a health system reflects:
(A) purely the most efficient scientific and medical knowledge.
(B) a perfect response to the health needs of the entire population.
(C) a random assortment of historical accidents and decisions.
(D) existing societal power imbalances and political interests.

Direction : Please read the following source carefully.

Health perceptions and health behavior are central concepts in understanding why individuals and groups engage in certain health-related actions while avoiding others. Health perceptions refer to the subjective ways in which people understand, interpret, and evaluate health and illness. These perceptions are not universal but are shaped by cultural background, social class, education, and personal experience. For instance, one community might perceive a particular condition as a normal part of aging, while another may view it as a serious, treatable illness. These perceptions, in turn, strongly influence health behavior—the actions people take to maintain, enhance, or restore their health. Health behaviors can be categorized into health-promoting actions (e.g., exercise), health-impairing actions (e.g., smoking), and illness behaviors (e.g., seeking medical care). The decision to engage in a specific behavior is a complex process influenced by a person's perception of their susceptibility to a disease, the perceived severity of that disease, and the perceived benefits and barriers to taking action. Therefore, public health interventions that aim to change behavior must first understand the target population's existing health perceptions and the socio-cultural context in which these perceptions are formed and sustained. Simply providing information is often insufficient if it does not resonate with people's underlying beliefs and perceived realities.

Based on the above source, attempt the following five questions.

271. What is the relationship between health perceptions and health behavior as described in the paragraph?
(A) Health behavior determines an individual's health perceptions.
(B) The two concepts are independent and have no influence on each other.
(C) Health perceptions strongly influence the health behaviors an individual adopts.
(D) Health perceptions are objective facts, while health behavior is subjective.

272. According to the text, health perceptions are primarily shaped by:
(A) universal biological constants.
(B) a combination of cultural, social, and personal factors.
(C) official definitions provided by medical institutions.
(D) genetic predispositions inherited from parents.

273. Which of the following is an example of what the source categorizes as an "illness behavior"?
(A) Eating a balanced diet to prevent disease.
(B) Engaging in daily physical exercise.
(C) Smoking cigarettes regularly.
(D) Visiting a doctor when experiencing symptoms.

274. The paragraph implies that a public health campaign focused solely on providing factual information might fail because:
(A) it may not align with the target population's underlying beliefs and perceptions.
(B) people are generally not interested in their health.
(C) factual information is always inaccurate.

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They conduct psychosocial assessments to identify patient and family needs, such as emotional distress, financial hardship, lack of social support, or housing instability. Based on these assessments, they provide counseling, crisis intervention, and support to help patients and their families cope with the stress of illness. A crucial function is linking patients to necessary community resources, such as financial assistance programs, home care services, and support groups. Furthermore, social workers often act as advocates for patients within the complex healthcare system, ensuring their rights are respected and their voices are heard. By addressing these non-medical barriers to health and recovery, the social work approach contributes significantly to holistic patient care, improving treatment adherence, reducing hospital readmissions, and promoting overall well-being.
Based on the above source, attempt the following five questions.

286. The foundational perspective of the social work approach in health care is the:
(A) biomedical disease model.
(B) economic efficiency framework.
(C) technological innovation model.
(D) person-in-environment perspective.

287. According to the paragraph, what is a key difference between a social work approach and a purely clinical approach in health care?
(A) The clinical approach ignores medical diagnoses, while the social work approach focuses on them.
(B) Social workers are primarily responsible for prescribing medication.
(C) The social work approach addresses psychosocial factors, while the clinical approach may focus primarily on the medical condition.
(D) The clinical approach is concerned with advocacy, while the social work approach is not.

288. Which of the following activities is a core function of a social worker in a healthcare setting as described in the text?
(A) Performing surgical procedures.
(B) Linking patients to community resources.
(C) Developing new pharmaceutical drugs.
(D) Conducting laboratory tests.

289. The paragraph suggests that by addressing psychosocial issues, social work contributes to better health outcomes by:
(A) discovering new cures for chronic diseases.
(B) managing the hospital's financial budget.
(C) designing the architecture of healthcare facilities.
(D) improving treatment adherence and reducing readmissions.

290. When a social worker ensures a patient's rights are respected within the hospital, they are primarily acting as:
(A) a patient advocate.
(B) a clinical diagnostician.
(C) a financial auditor.
(D) a research scientist.

Direction : Please read the following source carefully.

Cultural factors exert a powerful and pervasive influence on health, disease, and health-seeking behavior. Culture, as a shared system of beliefs, values, customs, and behaviors, provides a lens through which individuals interpret bodily sensations, define illness, and decide upon appropriate courses of action. For example, the meaning attributed to pain or the social stigma attached to a disease like mental illness can vary dramatically across different cultural contexts, significantly affecting whether an individual seeks help. Health-seeking behaviors, which include the entire sequence of actions from symptom perception to treatment choice, are deeply embedded in cultural norms. Some cultures may place a high value on traditional healers and herbal remedies, leading individuals to consult them before or instead of biomedical practitioners. Dietary practices, which are a cornerstone of culture, have direct implications for health, contributing to nutritional deficiencies or the prevalence of chronic diseases like diabetes and hypertension. Furthermore, cultural norms surrounding family, gender roles, and communication styles can shape a patient's interaction with the healthcare system, influencing who makes health decisions for the family and how information is exchanged with providers. Acknowledging and understanding these cultural dimensions are critical for delivering culturally competent care that is respectful, effective, and

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Direction : Please read the following source carefully.

Qualitative research methodology plays an indispensable role in the study of social sciences and health, offering deep insights that quantitative methods alone cannot provide. While quantitative research focuses on numerical data and statistical analysis to measure phenomena and test hypotheses, qualitative research is concerned with understanding the 'why' and 'how' of human experience and social phenomena. It employs methods such as in-depth interviews, focus groups, and participant observation to gather rich, narrative data about people's perspectives, beliefs, and lived experiences of health and illness. This approach is particularly valuable for exploring complex issues like the cultural meanings of disease, the patient's experience of the healthcare system, perceived barriers to accessing care, and the social dynamics within a community that affect health behaviors. The goal is not to achieve statistical generalizability to a large population, but rather to achieve 'thick description' and a deep, contextual understanding of a specific phenomenon. By uncovering the subjective realities of individuals and groups, qualitative research provides crucial evidence for developing culturally sensitive health policies, patient-centered care models, and effective communication strategies. It is often used in a complementary fashion with quantitative methods in mixed-methods research to provide a more comprehensive picture of a health issue.

Based on the above source, attempt the following five questions.

281. What is the primary goal of qualitative research in health as described in the paragraph?
(A) To gain a deep, contextual understanding of human experiences with health.
(B) To achieve statistical generalizability across a large population.
(C) To measure the frequency and distribution of a disease.
(D) To test the effectiveness of a new drug through clinical trials.

282. Which of the following is a research question best suited for a qualitative methodology?
(A) What is the average recovery time for patients after a specific surgery?
(B) How do elderly patients experience the transition to assisted living?
(C) What is the statistical correlation between income and life expectancy?
(D) What percentage of the population is vaccinated against influenza?

283. According to the text, qualitative research is particularly valuable for:
(A) providing numerical data for large-scale policy decisions.
(B) exploring complex issues like cultural meanings and patient experiences.
(C) establishing universal laws of human health behavior.
(D) conducting cost-benefit analyses of health technologies.

284. The source mentions that qualitative and quantitative methods can be used in a complementary fashion. This implies that:
(A) combining both methods can provide a more comprehensive understanding.
(B) one method is inherently superior to the other in all situations.
(C) researchers must always choose one method and exclude the other.
(D) qualitative research is only a preliminary step before quantitative analysis.

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285. A researcher conducting in-depth interviews with cancer survivors to understand their journey is employing a method consistent with:
(A) a quantitative survey approach.
(B) a randomized controlled trial.
(C) a qualitative research methodology.
(D) an economic modeling approach.

Direction : Please read the following source carefully.

The social work approach in health care is grounded in a person-in-environment perspective, which recognizes that an individual's health and well-being are intrinsically linked to their broader social, emotional, and physical context. Unlike a purely clinical approach that may focus solely on a patient's diagnosis and medical treatment, social workers in healthcare settings address the psychosocial factors that impact health outcomes. Their role is multifaceted, encompassing direct services, advocacy, and resource mobilization.

8. (A) The specific gene mutations responsible for hereditary diseases.
Social theories of disease causation investigate how social structures, stress, and group dynamics influence morbidity and mortality rates. While they explain the patterning of health across different populations, they do not address the specific biological or genetic mutations that cause hereditary diseases. Instead, they focus on the causes of the causes, such as how poverty or social isolation creates physiological vulnerabilities that lead to illness.

9. (C) It considers the patient's subjective experience of illness as irrelevant.
The biopsychosocial model provides a comprehensive framework by integrating biological, psychological, and social factors to understand health and illness. It emphasizes that a patient's subjective experience and mental state are vital components of their clinical picture. This model suggests that factors like social support can significantly mediate the impacts of stress, making the person's own perspective and social environment essential for effective diagnosis and treatment.

10. (A) Both A and R are true and R is the correct explanation of A.
Fundamental cause theory argues that socioeconomic status remains a primary determinant of health because it dictates access to vital resources. These resources, including knowledge, money, power, and social connections, allow individuals to effectively avoid risks and adopt protective health behaviors. Because these resources can be applied across various health threats, the relationship between socioeconomic status and health persists even when specific diseases change.

11. (D) The phenomenon where health status improves at each step up the social hierarchy.
The social gradient in health describes a consistent pattern where health status follows a stepwise progression according to social class. Individuals at the top of the hierarchy generally experience the best health, with outcomes gradually declining at each lower level of income or education. This concept highlights that health inequalities are not just a problem of the very poor but affect the entire population.

12. (B) Socio-economic status (SES)
Socio-economic status is a multi-dimensional measure that accounts for an individual's or group's position within a hierarchical social structure. It typically combines income, educational attainment, and occupational prestige to determine the resources and opportunities available to a person. These factors collectively influence health outcomes by shaping living conditions, diet, access to medical care, and exposure to environmental risks and psychosocial stressors throughout life.

13. (C) It restricts access to high-paying jobs, limits health literacy, and increases risk behaviors.
Lower educational attainment is a significant barrier to health because it often limits career opportunities to lower-paying, less secure jobs. Reduced income restricts the ability to afford nutritious food, safe housing, and healthcare. Additionally, lower education levels are frequently associated with decreased health literacy, making it more difficult to understand medical advice or navigate complex systems, which contributes to higher rates of risk-taking behaviors.

14. (D) Social Network : The web of social relationships that can influence health through support and norms.
Social networks represent the complex web of relationships and interpersonal connections that surround an individual. These networks influence health by providing emotional support, material assistance, and information. They also play a crucial role in shaping social norms and health-related behaviors, such as diet or exercise. Strong and supportive social networks are generally associated with better mental and physical health outcomes and increased resilience against illness.

15. (C) (i), (ii) and (iii)
Key social factors influencing health encompass broader environmental and structural elements that shape an individual's opportunities. Social support networks, educational attainment, and public safety are all recognized as critical social determinants. Genetic predisposition, however, is categorized as a biological factor rather than a social one. These social influences collectively impact health by determining access to resources, exposure to stress, and the ability to maintain well-being.

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tailored to the diverse populations served by modern healthcare systems.

Based on the above source, attempt the following five questions.

291. According to the paragraph, what is the primary role of culture in the context of health?
(A) It is a biological factor that determines genetic susceptibility to disease.
(B) It is an irrelevant factor in modern, evidence-based medicine.
(C) It serves as a lens for interpreting illness and guiding health-related actions.
(D) It primarily dictates the financial cost of healthcare services.

292. Which of the following is presented in the text as an example of a health-seeking behavior influenced by culture?
(A) A preference for consulting traditional healers before biomedical doctors.
(B) The aetiology of a virus as determined in a laboratory.
(C) The regulated price of a prestigious pharmaceutical drug.
(D) A hospital's policy on visiting hours for patients.

293. The source suggests that social stigma associated with a disease is an example of a:
(A) universal biological reaction.
(B) purely economic barrier to care.
(C) factor that always encourages help-seeking.
(D) factor that can vary significantly across cultures.

294. Based on the text, why is it important for healthcare systems to acknowledge cultural factors?
(A) To replace all modern medicine with traditional remedies.
(B) To deliver culturally competent care that is effective and respectful.
(C) To create a single, uniform health policy for all cultures.
(D) To focus solely on the dietary practices of patients.

295. The paragraph implies that a patient's interaction with a doctor can be shaped by cultural norms related to:
(A) the latest advancements in medical technology.
(B) the hospital's billing procedures.
(C) communication styles and family gender roles.
(D) the architectural design of the clinic.

Direction : Please read the following source carefully.

The intricate link between socio-economic status (SES), disease patterns, and the broader economic aspects of health creates a vicious cycle that is challenging to break. Low SES, characterized by low income, limited education, and precarious employment, directly contributes to a higher prevalence of disease through various pathways. These include poor nutrition, residence in unhealthy environments, and heightened psychosocial stress. The resulting poor health, in turn, diminishes an individual's capacity to work and earn an income, thereby reinforcing their low socio-economic position. This cycle is exacerbated by economic aspects of the healthcare system itself. Individuals with low SES are less likely to have adequate health insurance, leading to significant financial barriers to accessing timely and quality care. The out-of-pocket expenditure on health can be catastrophic for low-income households, pushing them further into poverty. From a macroeconomic perspective, a high burden of disease within a population can stifle economic development by reducing labor productivity and increasing healthcare expenditure. Therefore, poor health is not merely an individual misfortune but a consequence and a cause of economic inequality. Addressing this requires a dual approach: public health policies aimed at reducing disease prevalence and economic policies designed to alleviate poverty and reduce financial barriers to healthcare.

Based on the above source, attempt the following five questions.

296. The paragraph describes the relationship between low SES and poor health as a "vicious cycle" because:
(A) good health leads to lower income, which then improves health.
(B) high income is a direct cause of most infectious diseases.
(C) economic development has no relationship

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with population health.
(D) poor health diminishes earning capacity, which in turn reinforces low SES.

297. According to the text, what is a direct pathway through which low SES contributes to a higher prevalence of disease?
(A) Poor nutrition and heightened psychosocial stress.
(B) Access to higher education and stable employment.
(C) Residence in healthy environments with low pollution.
(D) A diet rich in nutritious and diverse foods.

298. How do the "economic aspects of the healthcare system" exacerbate the health problems of individuals with low SES?
(A) By providing free and comprehensive health insurance to everyone.
(B) By creating financial barriers to care due to lack of insurance and out-of-pocket costs.
(C) By ensuring that low-income households never have to pay for treatment.
(D) By locating the best hospitals exclusively in low-income neighborhoods.

299. From a macroeconomic perspective, what is a potential consequence of a high burden of disease in a population?
(A) An increase in national economic development and productivity.
(B) A decrease in labor productivity that can stifle economic growth.
(C) a reduction in overall healthcare expenditure.
(D) A strengthening of the cycle of wealth and good health.

300. Based on the analysis in the source, what kind of dual approach is required to tackle the link between poverty and poor health?
(A) Policies to reduce disease prevalence and policies to alleviate poverty.
(B) A focus on pharmaceutical research combined with hospital construction.
(C) An emphasis on individual lifestyle changes and private health savings.
(D) Measures to increase out-of-pocket expenditures and reduce public funding.

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ANSWERS

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1. (B) The conditions in which people live and work, shaped by the distribution of money, power, and resources.
The social determinants of health represent the non-medical factors that influence health outcomes. These encompass the specific circumstances where individuals are born, grow, live, work, and age. These conditions are heavily influenced by the distribution of wealth, power, and resources at local and global levels. Addressing these fundamental social factors is essential for reducing health inequities and improving overall population well-being across diverse societal structures.

2. (A) Cultural factor
Cultural factors encompass the shared values, beliefs, and practices of a specific group that influence how they interpret health and disease. These cultural frameworks shape dietary habits, attitudes toward medical treatment, and the ways in which symptoms are expressed or managed. Understanding these nuances is critical for healthcare providers to offer sensitive and effective care that respects the community's unique perspective on well-being and illness.

3. (D) Statement I is false, but Statement II is true.
Social sciences in health have a broad scope that extends far beyond doctor-patient communication, including sociology, economics, and political science. Investigating behavioral factors is significant because it identifies patterns of action that influence physical health outcomes. This understanding enables public health officials to create specific, evidence-based promotion strategies that effectively encourage healthier choices and mitigate risks at the individual and community levels within modern society.

4. (D) A health outcome difference closely linked with social, economic, or environmental disadvantage.
A health disparity represents a specific difference in health outcomes that is fundamentally linked to social, economic, or environmental disadvantages. These differences are often systematic and avoidable, affecting groups who have faced greater obstacles to health based on their racial group, religion, socioeconomic status, gender, or geographic location. Identifying these disparities is the first step toward achieving equity and improving access for everyone within the population.

5. (C) (i), (ii) and (iii)
Social factors influencing health include the networks and supports available to individuals, their educational attainment, and the safety of their public environments. Genetic predisposition is a biological factor, not a social one. Education and community safety provide the structural foundation for healthy living and access to opportunities. Strong social networks offer emotional and practical support, which can buffer the negative effects of stress and chronic illness.

6. (B) The Biomedical Model
The biomedical model views health as the absence of disease and focuses primarily on biological and physical causes of illness. It emphasizes the role of pathogens, organ dysfunction, and physical trauma while often ignoring the social and psychological dimensions of human health. This reductionist approach has been highly successful in clinical diagnosis and developing technical treatments but lacks a holistic perspective on patient well-being and prevention.

7. (D) Using a social-ecological framework to understand health behavior.
A social-ecological framework recognizes that health behaviors are not just individual choices but are influenced by multiple layers of the environment. This includes interpersonal relationships, community factors like trust and safety, and broader economic struggles. By considering these intersecting influences, researchers can better understand why health campaigns might fail and develop more comprehensive interventions that address the actual barriers faced by residents in low-income neighborhoods.

(B) Political affiliation.
(C) Educational attainment.
(D) Occupational category.

263. The source suggests that health disparities linked to SES are a result of:
(A) a single factor related to healthcare access.
(B) the individual's lack of willpower to live a healthy life.
(C) the cumulative impact of differential exposure to risks and resources.
(D) a temporary imbalance that corrects itself over time.

264. Based on the paragraph, which of the following represents a mechanism through which lower SES negatively impacts health?
(A) Increased access to safe recreational spaces.
(B) Residence in neighborhoods with low levels of pollution.
(C) Reduced exposure to chronic financial stress.
(D) Greater exposure to hazardous working conditions.

265. What can be inferred from the text about the most effective approach to reducing health inequalities?
(A) Implementing policies that address fundamental social and economic inequities.
(B) Focusing exclusively on improving hospital infrastructure.
(C) Encouraging individuals to seek private healthcare options.
(D) Promoting a universal diet plan for all socio-economic groups.

Direction : Please read the following source carefully.

The political and economic aspects of health are inextricably linked, forming a field of study often referred to as the political economy of health. This perspective analyzes how political power, ideologies, and economic systems shape health outcomes and the distribution of healthcare resources. Decisions regarding health are not made in a vacuum; they are profoundly influenced by political processes, government policies, and the interests of powerful economic actors. For example, a government's ideological stance on the role of the state versus the market determines the nature of its healthcare system, whether it is a publicly funded universal system, a market-based private insurance model, or a hybrid. Economic policies, such as taxation, trade agreements, and labor regulations, have significant, often indirect, consequences for population health by affecting income distribution, employment conditions, and the affordability of essential goods like food and medicine. Furthermore, corporate interests, particularly from the pharmaceutical, food, and tobacco industries, can exert considerable influence on health policy through lobbying and other political activities. Understanding the political and economic aspects of health is therefore crucial for comprehending why certain health problems persist and why health systems are structured in particular ways, often reflecting existing power imbalances rather than public health needs alone.

Based on the above source, attempt the following five questions.

266. The political economy of health, as described in the source, primarily analyzes:
(A) the biological basis of disease in different political systems.
(B) how political and economic systems influence health and healthcare.
(C) the personal health choices of politicians and economic leaders.
(D) the historical evolution of medical technology.

267. According to the paragraph, what is a primary determinant of a country's healthcare system model (e.g., public vs. private)?
(A) The prevalence of specific diseases within the population.
(B) The government's ideological position on state versus market roles.
(C) The geographical location of the country.
(D) The preferences of international health organizations.

268. The text suggests that economic policies like labor regulations can impact population health by:
(A) influencing employment conditions and income distribution.
(B) directly dictating individual dietary choices.
(C) controlling the spread of communicable

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16. (B) The development of national health insurance policies.
National health insurance policies represent a significant political aspect of health because they involve government decision-making and legislation. These policies determine how healthcare is financed and who has access to services, reflecting a nation's political priorities and ideological stance on social welfare. Such political structures are fundamental in shaping the overall health landscape and addressing issues of equity and coverage within a national population.

17. (B) A political decision reflecting a specific health policy priority.
Budget allocation decisions are inherently political, as they reflect the priorities and values of a government regarding public welfare. Prioritizing primary healthcare and prevention over specialist services demonstrates a strategic policy choice aimed at improving population health outcomes and potentially reducing long-term costs. This approach highlights how political frameworks and governance directly influence the structure and focus of the healthcare system to meet specific societal goals.

18. (C) Statement I is true, but Statement II is false.
In a pure market economy, healthcare services are treated as commodities where access is determined by the ability to pay. However, the political ideology of a government exerts a profound influence on the structure and delivery of its healthcare system. Governments choose between various models, such as universal coverage or private systems, based on their ideological beliefs regarding equity, social responsibility, and the role of the state.

19. (C) The state in which everyone has a fair and just opportunity to attain their full health potential.
Health equity is the principle of ensuring that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty and discrimination, and addressing the consequences of powerlessness. Unlike equality, which provides everyone with the same resources, equity involves distributing resources based on need to ensure that all individuals can achieve their highest possible level of health.

20. (A) P-2, Q-1, R-4, S-3
Healthcare systems vary by their funding mechanisms. The Beveridge Model relies on government taxes to provide universal care. The Bismarck Model uses employer and employee payroll deductions through sickness funds. The National Health Insurance Model combines private providers with government-run insurance. Finally, the Out-of-Pocket Model is common in areas where individuals must pay directly for services at the time of delivery, often due to lack of insurance.

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21. (C) Health perception
Health perception refers to the subjective way individuals evaluate and understand their own health status and symptoms. This internal assessment is influenced by personal experiences, cultural background, and social norms. It determines how a person defines what is "normal" for their body and when they consider themselves "ill." These perceptions are crucial because they directly influence whether an individual decides to seek medical care or adopt certain behaviors.

22. (B) Sick-role behavior
Sick-role behavior involves the actions taken by individuals who have been diagnosed with an illness for the purpose of getting well. This concept, originally described by Talcott Parsons, includes following medical advice, taking prescribed medications, and adopting lifestyle changes to manage a condition like a heart attack. It is distinguished from illness behavior, which occurs before a diagnosis is made while the individual is still interpreting symptoms.

23. (D) Absolute income level of the individual.
The Health Belief Model focuses on psychological constructs that drive individual health actions. Its key components include perceived susceptibility to an illness, the perceived severity of that illness, and the perceived benefits and barriers of taking preventive action. While socioeconomic factors like income certainly influence health, they are not a direct psychological component of this specific model, which emphasizes internal perceptions and beliefs over structural economic variables.

goals. This perspective fosters a collaborative relationship and promotes resilience, viewing individuals as capable and resourceful participants in their own care and problem-solving processes.

40. (B) P-2, Q-4, R-1, S-3
Social workers perform various critical functions in health settings. Psychosocial assessment involves evaluating the non-medical factors impacting a patient. Discharge planning ensures a safe transition from the hospital to the community or another facility. Crisis intervention provides immediate support during acute emotional distress. Finally, advocacy involves acting on behalf of patients to secure their rights or needed services, ensuring that the healthcare system remains responsive to their specific needs.

41. (C) Health inequity
Health inequity refers to differences in health status that are not only unnecessary and avoidable but are also considered unfair and unjust. These differences are typically the result of systemic social and economic conditions that disadvantage certain groups. Unlike health inequality, which can refer to any variation, inequity specifically highlights the moral dimension of disparities that arise from social injustice and the unequal distribution of power and resources in society.

42. (A) Economic
Economic factors such as income, employment status, and housing safety significantly influence health. Steady employment provides the financial resources necessary for nutritious food and healthcare access. A safe neighborhood reduces exposure to violence and environmental hazards. These economic conditions serve as fundamental determinants that shape an individual's lifestyle and their ability to maintain health, demonstrating how financial stability is directly linked to better physical and mental well-being outcomes.

43. (D) By providing emotional and practical assistance that buffers stress.
Strong social support networks contribute to better health by providing individuals with both emotional and practical resources. Emotional support helps reduce the physiological and psychological impact of stress, while practical assistance can include help with daily tasks or navigating the healthcare system. These networks act as a protective buffer, enhancing an individual's resilience and coping mechanisms, which leads to improved health outcomes and a better quality of life during difficult times.

44. (B) Behavioral Factor : Genetic predisposition to heart disease.
Behavioral factors refer to an individual's actions and lifestyle choices, such as diet, exercise, or smoking habits. A genetic predisposition, however, is a biological factor that is inherited and generally beyond an individual's control. Distinguishing between these categories is essential for public health, as behavioral factors can be modified through education and intervention, whereas biological factors require medical management or screening to mitigate the risks associated with an inherent vulnerability.

45. (B) (i), (ii), and (iii) only
Social structures influence health through systematic patterns like unequal access to education, exposure to environmental hazards in poor areas, and the degree of social cohesion in a community. These structural factors determine the distribution of health risks and resources. While genetics and individual preferences are important, they are not structural factors. Understanding social structure requires focusing on how society is organized and how this organization creates patterns of health and illness.

46. (B) The Biomedical Model
The biomedical model primarily focuses on biological and physical processes as the root causes of disease. It prioritizes the study of pathogens, organ malfunction, and physical injuries, often neglecting the broader social, psychological, and environmental contexts of health. While this model has led to significant medical and technological advancements in diagnosis and treatment, its narrow focus can limit its effectiveness in addressing chronic illnesses that are deeply influenced by lifestyle and social factors.

47. (A) Applying a purely behavioral model of health.
The framework focusing on how governmental policies, corporate practices, and social

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32. (B) Ethnography
Ethnography is a qualitative research approach focused on describing and interpreting the culture and social world of a specific group. It typically involves long-term immersion in the community being studied, often through participant observation and interviews. This method allows researchers to gain a deep, insider perspective on the shared beliefs, values, and rituals of a group, such as their traditional healing practices and understanding of health within their specific environment.

33. (B) Use of large, randomized samples for generalizability.
Qualitative research is characterized by its focus on in-depth understanding of meanings, contexts, and processes. It utilizes non-numerical data such as interview transcripts, observations, and images. Unlike quantitative research, it does not aim for statistical generalizability through large, randomized samples. Instead, it employs inductive reasoning and emergent designs to explore specific social phenomena, prioritizing the richness and depth of information over the breadth of a large-scale population survey.

34. (A) They are ideal for discussing highly sensitive or personal topics.
Focus group discussions involve a small group of people sharing their opinions on a specific topic under the guidance of a moderator. While they are excellent for exploring diverse perspectives and generating rich data through group interaction, they are generally not suitable for highly sensitive or personal topics. In a group setting, participants may feel uncomfortable or self-conscious sharing private information, making individual in-depth interviews a more appropriate choice for such research.

35. (C) (i), (iii), and (v)
A qualitative study focused on lived experience typically employs a phenomenological approach to capture the essence of a phenomenon. Key methodological components include thematic analysis of rich text data from interviews and the practice of reflexivity, where the researcher acknowledges their own role and potential biases. Large-scale surveys and experimental designs with control groups are characteristic of quantitative research, which prioritizes standardized measurement and statistical comparison over deep, subjective exploration.

36. (D) Understanding an individual and their behavior in the context of their physical and social environment.
The person-in-environment perspective is a foundational concept in social work that views individuals as inextricably linked to their surroundings. It suggests that human behavior and well-being cannot be understood without considering the influence of family, community, social structures, and physical settings. This holistic approach encourages social workers to address not just the internal psychological state of a client, but also the external social and environmental factors that affect them.

37. (C) Case management
Case management is a core social work role that involves coordinating and managing a range of services for a client to ensure continuity of care. In a hospital setting, this often includes organizing home healthcare, medical equipment, and follow-up care for patients being discharged. The goal is to facilitate a smooth transition, ensure the patient's needs are met, and prevent avoidable readmissions by linking the individual with necessary community resources and support.

38. (C) Statement I is false, but Statement II is true.
Social work in healthcare focuses on the psychosocial and social aspects of health rather than medical diagnosis, which is the role of physicians. A primary function of health social workers is to advocate for patients' rights and ensure they have access to necessary resources and services. They provide a vital link between clinical care and the social environment, addressing barriers that might prevent a patient from achieving optimal health and well-being.

39. (D) Identifying and mobilizing a client's inherent strengths and resources.
The strengths-based approach in social work practice moves away from focusing on deficits and pathologies. Instead, it emphasizes the identification and utilization of a client's existing talents, skills, and resources. By mobilizing these inherent strengths, social workers empower clients to overcome challenges and achieve their

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24. (A) They are solely determined by an individual's willpower and are independent of social context.
Health behaviors are complex actions influenced by a mixture of individual choices and broader social contexts. They are not solely a product of willpower but are significantly shaped by cultural norms, social networks, and environmental factors. These behaviors can be health-enhancing, such as regular exercise, or health-impairing, like smoking. Public health campaigns frequently target these behaviors, recognizing that social environments must support individual efforts for successful change.

25. (B) (i), (ii) and (iv)
Health perceptions and behaviors involve how individuals interpret symptoms, their trust in medical systems, and their proactive steps toward wellness. Believing symptoms are minor, rejecting vaccines due to mistrust, and starting a new diet are all clear examples of these concepts. Changes in drug costs due to supply chain issues are economic and structural factors rather than individual psychological perceptions or behaviors, although they may eventually impact a person's access.

26. (A) Scarcity of resources relative to unlimited wants.
Scarcity is the fundamental economic problem that necessitates choices in the allocation of resources. In healthcare, this means that the demand for services and technologies often exceeds the available budget, time, and personnel. Because resources are finite, health economists must analyze how to best distribute them to maximize health outcomes. This core concept drives the need for economic evaluation and the setting of priorities within healthcare systems.

27. (D) Opportunity cost
Opportunity cost is a central concept in economics representing the value of the next best alternative that is forgone when a choice is made. In healthcare, since resources are limited, choosing to invest in one area, such as medical technology, means those same resources cannot be used for another, such as staffing. Evaluating opportunity costs helps decision-makers understand the true trade-offs involved in resource allocation and ensures more efficient use of funds.

28. (C) Statement I is false, but Statement II is true.
In economics, need and demand are distinct concepts. Need refers to a professional or clinical assessment of what is required to maintain health. Demand, however, is the actual desire for healthcare services supported by the willingness and ability to pay for them. Not everyone who needs care can demand it due to financial barriers, and some may demand services that are not clinically necessary, leading to potential inefficiencies.

29. (C) Increased consumption of healthcare services by insured individuals because they do not pay full price.
Moral hazard occurs in insurance when an individual's behavior changes because they are protected from the full cost of a risk. In health insurance, individuals may seek more frequent medical consultations or expensive treatments because the insurer covers most of the expense. This increased utilization can lead to higher overall healthcare costs and inefficiencies, as the person lacks the financial incentive to limit consumption to only the most necessary services.

30. (A) Both A and R are true and R is the correct explanation of A.
Health economics focuses on the efficient and equitable allocation of limited resources within the healthcare sector. This discipline is necessary because the potential demand for healthcare services is virtually limitless, while the resources to provide them are always finite. By applying economic theories and tools, policymakers can make informed decisions about which services to prioritize, ensuring that the population receives the greatest possible health benefit from available funds.

31. (A) Interpretivism
Interpretivism is the research paradigm most closely associated with qualitative methodology. It posits that social reality is subjective and constructed through human interpretation and meaning. Unlike positivism, which seeks objective, measurable facts, interpretivism aims to understand the depth of human experience and the social contexts that shape it. This approach is fundamental for exploring complex phenomena like the experience of illness, where personal and cultural meanings are central.

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stratification shape patterns of health and disease is known as the social production of disease. This macro-level approach examines the structural origins of illness rather than just individual behaviors. It highlights how the organization of society and the distribution of power create environments that either promote or harm health, emphasizing that many health problems are rooted in broad social and political processes.

48. (B) It has been highly successful in developing treatments for infectious diseases.
The biomedical model is frequently criticized for its reductionist nature, as it often overlooks the social and psychological dimensions of health. This narrow focus can lead to a neglect of preventive measures and health promotion strategies. While the model has been highly successful in identifying and treating many infectious diseases through technical medical interventions, its limitations are most apparent when addressing complex, non-communicable chronic diseases that require a more holistic and social-ecological understanding.

49. (B) It places sole responsibility for health on the individual's choices and behaviors.
The social-ecological model provides a comprehensive framework for understanding health as the result of interactions across multiple levels, from individual biology to public policy. It explicitly moves away from placing sole responsibility on the individual, recognizing that environments and social structures significantly shape health behaviors and outcomes. This model suggests that the most effective health interventions are those that target multiple levels simultaneously, addressing both individual choices and the broader context.

50. (B) Both A and R are true but R is not the correct explanation of A.
The social causation and social drift hypotheses offer two different explanations for the relationship between socioeconomic status and health. Social causation posits that the conditions of low status lead to poor health, while social drift suggests that poor health causes individuals to lose their status. While both are true and represent valid perspectives on the complex relationship between SES and health, the drift hypothesis does not explain the causation argument.

51. (C) The social gradient in health
The social gradient in health refers to the consistent finding that individuals in higher social classes experience better health outcomes than those in lower social classes. This relationship is observed across almost all diseases and in various societies. It highlights that health inequalities are not merely a gap between the rich and the poor, but a continuous relationship where every increase in social status is associated with an incremental improvement in health status.

52. (D) The patterned social arrangements in society, such as class, race, and gender stratification.
Social structure refers to the organized, patterned relationships and social arrangements that shape a society. This includes stratification based on class, race, gender, and power, which determine how resources and opportunities are distributed among different groups. In the context of health, social structure is a critical determinant because it influences exposure to risks, access to healthcare, and the ability of individuals to lead healthy lives within their specific social environment.

53. (C) Socio-economic status (SES)
Helping an individual navigate a bureaucracy for disability benefits is a direct intervention addressing the consequences of low socioeconomic status. SES significantly affects a person's ability to access financial support and healthcare resources, especially when dealing with chronic illness and unemployment. By assisting with this process, the social worker addresses a structural barrier that impacts the client's financial stability and their overall ability to manage their health and well-being effectively.

54. (B) Gender is a social construct that can influence health through differences in roles, power, and access to resources.
Social structures, including gender, race, and class, profoundly influence health outcomes by shaping individual experiences and opportunities. Gender is a social construct that determines roles and power dynamics, which can affect health through varying levels of access to resources and exposure to risks. Understanding these social dimensions is essential for identifying health disparities, as an individual's position within the social structure is a fundamental determinant of their overall health and life expectancy.

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as a means to achieve or maintain the more fundamental goal of good health. This distinction is important because it highlights that the demand for medical care is influenced by an individual's value for health and their perception of how effective treatment will be in improving it.

71. (D) Triangulation
Triangulation is a research strategy used in qualitative studies to enhance the validity and credibility of findings. It involves using multiple data sources, different methods of data collection, or several investigators to explore the same phenomenon. By corroborating evidence from various perspectives, researchers can reduce bias and gain a more comprehensive and nuanced understanding of the topic. This approach ensures that the findings are robust and not dependent on a single perspective or method.

72. (A) Grounded Theory
Grounded Theory is a qualitative research methodology that focuses on generating a theory that is directly rooted, or grounded, in the data collected from participants. Rather than starting with a pre-defined hypothesis, the researcher uses an inductive process of constant comparison to identify patterns and concepts as they emerge from the data. This approach is particularly useful for studying social processes and developing new theoretical frameworks that are deeply connected to lived experiences.

73. (C) Semi-structured interviews with mothers, traditional birth attendants, and local health workers.
To understand complex barriers to healthcare in a specific community, semi-structured interviews are highly effective. They allow the researcher to engage in-depth with key stakeholders, such as mothers and local health workers, providing rich, contextual data about their experiences and perspectives. Unlike large-scale surveys or statistical analysis, these qualitative interviews allow participants to raise unanticipated issues and explain the underlying reasons for their behaviors, which is essential for developing culturally sensitive and effective solutions.

74. (A) Dependability : The stability of findings over time, similar to reliability in quantitative research.
In qualitative research, dependability refers to the consistency and reliability of the research process and findings. It is comparable to the concept of reliability in quantitative research but is adapted for the subjective and context-dependent nature of qualitative data. Ensuring dependability involves documenting the research process thoroughly so that others can follow the logic of the researcher's decisions and see how the findings were derived from the data collected over the study period.

75. (C) (i), (ii), (iii), and (v)
A qualitative study exploring the complex experiences of family caregivers would benefit from a combination of methods like in-depth interviews, participant observation, analysis of personal documents, and focus group discussions. These methods collectively provide a rich, multi-dimensional understanding of the caregivers' lives and perspectives. A structured survey measuring burden on a numerical scale is a quantitative method, which, while useful for measurement, does not provide the deep contextual meaning that qualitative approaches aim to uncover.

76. (B) Psychosocial assessment
A psychosocial assessment is a comprehensive evaluation conducted by a social worker to understand the various social, psychological, environmental, and financial factors affecting a patient's health. This assessment looks beyond medical symptoms to consider family relationships, housing stability, and coping mechanisms. By identifying these non-medical influences, the social worker can help develop a more effective care plan that addresses the whole person, ensuring that social and environmental barriers to recovery are identified and addressed.

77. (C) Challenging an insurance company's denial of coverage for a necessary medical procedure.
The advocacy role in health social work involves speaking or acting on behalf of patients to ensure their rights are respected and their needs are met. Challenging an insurance company's denial of coverage is a clear example of this role, as the social worker fights for the patient's access to

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health choices are not always based on rational health information or economic status, but are frequently shaped by the social environment and the powerful influence of social approval.

63. (C) Statement I is false, but Statement II is true.
Health perceptions are not universal and vary significantly across different cultural and social contexts. What one culture considers a symptom, another may view as a normal part of life. Illness behavior refers to the specific actions individuals take to evaluate and manage their symptoms after they first perceive that something is wrong. Understanding these cultural variations and behavioral processes is essential for healthcare providers to deliver effective and responsive care to diverse patient populations.

64. (B) A belief that illness is caused by an imbalance of 'hot' and 'cold' elements in the body.
Lay beliefs are the understandings and interpretations of health and illness held by non-medical individuals, often rooted in culture and personal experience. A belief in bodily imbalances of hot and cold elements is a classic example of a lay theory found in various cultures. These beliefs often exist alongside or in contrast to scientific medical explanations and can significantly influence how individuals manage their health and whether they seek professional medical care.

65. (B) (i), (ii) and (iii)
The Theory of Planned Behavior posits that behavioral intention is determined by three key factors: an individual's attitude toward the behavior, the subjective norms or social pressure they feel, and their perceived behavioral control. These elements collectively influence whether a person intends to perform a specific health action. While past behavior can be a predictor of future actions, it is not one of the primary psychological determinants of intention within this specific theoretical model.

66. (A) Cost-Benefit Analysis (CBA)
Cost-Benefit Analysis is an economic evaluation method where both the costs and the consequences of a program are measured in monetary units. This allows for a direct comparison of programs with very different outcomes by calculating a net benefit or a benefit-cost ratio. While powerful for comparing diverse investments, CBA is often challenging in healthcare because it requires assigning a specific monetary value to health improvements and human life, which raises ethical concerns.

67. (C) Cost-Utility Analysis (CUA)
Cost-Utility Analysis is a specific type of economic evaluation that measures health outcomes in terms of both quality and quantity of life. The Quality-Adjusted Life Year (QALY) is the most common unit used in CUA, representing one year of life in perfect health. By using QALYs, researchers can compare the value of different medical interventions that have varying impacts on mortality and morbidity, providing a standardized measure of health improvement per dollar spent.

68. (D) Bartering services for goods
Modern healthcare systems are typically financed through various structured mechanisms. These include general taxation, which funds national health services; social health insurance, based on mandatory contributions; and direct out-of-pocket payments by patients. Private health insurance is also a common financing method. Bartering services for goods is not a recognized or efficient method of healthcare financing in modern economic systems, as it lacks the necessary standardization and scale to support complex medical infrastructure.

69. (C) It requires placing a monetary value on human life.
Cost-Effectiveness Analysis (CEA) is used to compare interventions that have a common health goal, such as years of life saved or cases prevented. Unlike Cost-Benefit Analysis, CEA does not require assigning a monetary value to health outcomes or human life. Instead, it expresses results as a ratio, such as cost per unit of health gained. This makes CEA a practical tool for deciding which of several alternatives achieves a health objective at the lowest cost.

70. (A) Both A and R are true and R is the correct explanation of A.
In economics, the demand for healthcare is considered a derived demand because individuals do not typically desire medical services for their own sake. Instead, people demand healthcare

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sciences provide a critical understanding of the human, social, and structural dimensions of the health system.

85. (C) (i), (ii), (iii) and (iv)
Behavioral factors affecting health include an individual's habitual actions and lifestyle choices that can directly impact their well-being. Smoking, dietary patterns, and levels of physical activity are well-known examples of such behaviors. Additionally, adherence to medical treatments and medication is a critical behavioral factor that determines the effectiveness of clinical care. Public health efforts often focus on modifying these behaviors through education and policy to improve overall population health and reduce the burden of disease.

86. (B) The Social-Ecological Model
The social-ecological model posits that health is determined by a complex and dynamic interplay of factors across multiple levels. These include individual biological and behavioral factors, as well as the social, physical, and policy environments in which people live. By acknowledging that health outcomes are shaped by these intersecting influences, the model provides a comprehensive framework for understanding health disparities and designing multi-level interventions that address both individual needs and broader structural determinants.

87. (D) The Social Production of Disease
The argument that heart disease rates are driven by corporate practices, unhealthy food availability, and urban planning is a prime example of the social production of disease perspective. This framework examines how macro-level social and economic processes create the conditions for illness to occur within a population. It moves beyond individual lifestyle choices to highlight how societal structures and powerful corporate interests can actively harm public health, emphasizing the need for broad structural changes.

88. (A) Does not fully explain the specific mechanisms through which social conditions translate into health outcomes.
A primary limitation of the fundamental cause theory is that while it clearly demonstrates the persistent link between socioeconomic status and health, it does not fully explain the precise biological or psychological mechanisms involved. The theory highlights that SES provides resources to avoid risks, but the specific pathways through which these social conditions "get under the skin" to create physiological disease are often complex and not entirely detailed within this macro-level theoretical framework.

89. (C) Socially and economically disadvantaged groups are made more vulnerable to illness through various social mechanisms.
Social theories of disease causation emphasize that health is not just a matter of genetics or luck, but is deeply influenced by an individual's social position. These theories argue that disadvantaged groups face a cumulative burden of risks, including chronic stress, poor living conditions, and limited access to resources. These social mechanisms create vulnerabilities that lead to higher rates of illness, illustrating that the distribution of disease in a population is fundamentally shaped by social inequality.

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90. (A) Both A and R are true and R is the correct explanation of A.
The biopsychosocial model is considered more holistic than the biomedical model because it explicitly integrates psychological and social factors with biological processes. It recognizes that health and illness are not just physical states but are influenced by a person's mental state, social relationships, and broader environment. By acknowledging the importance of all these intersecting dimensions, the biopsychosocial model provides a more complete and realistic framework for understanding the complex nature of human health and well-being.

91. (D) Social stratification and health
Social stratification refers to the hierarchical arrangement of individuals into social classes based on factors such as income, education, and occupation. The study of social stratification and health focuses on how an individual's position within this hierarchy affects their health outcomes and life expectancy. This field of study reveals consistent health disparities, showing that those in higher social positions generally experience better health, while those lower in the hierarchy face greater risks and poorer outcomes.

necessary medical care. Advocacy aims to address systemic barriers and power imbalances within the healthcare system, ensuring that patients receive the services to which they are entitled.

78. (C) Statement I is true, but Statement II is false.
Social work in healthcare utilizes a person-in-environment framework, recognizing that an individual's well-being is deeply influenced by their social and physical surroundings. In contrast, the strengths-based perspective focuses on identifying and mobilizing a client's inherent talents and resources rather than focusing on their deficits or pathologies. This approach empowers clients by highlighting their capabilities and resilience, fostering a more positive and collaborative therapeutic relationship that encourages proactive problem-solving and long-term well-being in their lives.

79. (A) Ensures a safe and smooth transition from hospital to community, reducing readmission risks.
Discharge planning is a vital social work function that focuses on preparing patients for their transition from the hospital to their home or another care facility. This process involves coordinating necessary services, such as home health care or medical equipment, and ensuring the patient has adequate support in place. Effective discharge planning is crucial because it helps maintain the gains made during hospitalization, promotes patient safety, and significantly reduces the risk of complications and hospital readmissions.

80. (B) P-3, Q-4, R-2, S-1
Social work practice is guided by several core approaches. The strengths perspective focuses on a client's assets and resources. The person-in-environment framework understands individuals within their intersecting biological, psychological, and social systems. Case management involves coordinating a continuum of needed services for a client. Finally, client self-determination is a foundational ethical principle that respects the right of individuals to make their own choices and decisions regarding their care and life goals within the system.

81. (B) Social construction of health
The social construction of health is a concept emphasizing that health and illness are not just biological realities but are shaped by social factors. It argues that income, education, and social support are structured by society and profoundly influence health outcomes. This perspective highlights how societal arrangements, rather than just individual attributes or biology, determine the distribution of disease and well-being, suggesting that health is a product of the broader social and economic environment.

82. (A) Cultural and behavioral factors
The rise of type 2 diabetes in populations adopting Western diets illustrates the powerful influence of cultural and behavioral factors on health. Cultural shifts in food availability and preferences, combined with behavioral changes in diet and activity levels, are primary drivers of this trend. While genetics can play a role in susceptibility, the widespread nature of this phenomenon across diverse populations points to the critical impact of the social environment and lifestyle choices on chronic disease patterns.

83. (C) Because interventions that are not culturally sensitive or do not account for social realities are likely to fail.
Studying social and cultural factors is essential for public health because interventions must align with the social realities and cultural beliefs of the target population to be effective. Interventions that ignore these factors often face resistance or low participation. By understanding local norms and barriers, health professionals can design culturally sensitive programs that are more likely to be accepted and result in meaningful, sustainable health improvements, ensuring that public health goals are successfully achieved.

84. (D) It is exclusively concerned with the chemical composition of pharmaceutical drugs.
The social sciences in health cover a broad range of topics, including patient experiences of illness, the organization of healthcare institutions, and the impact of health policies. While they examine how social factors influence the use and distribution of medications, they are not concerned with the chemical composition of pharmaceutical drugs, which is the domain of pharmacology and chemistry. Instead, social

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55. (A) (i), (ii), (iii), and (iv)
Individuals living in deprived neighborhoods often face multiple structural barriers to health. These include a lack of safe spaces for exercise, a high concentration of unhealthy food outlets, increased levels of environmental pollution, and weak social cohesion. These factors collectively create an environment that promotes ill health and limits the ability to make healthy choices. Personal preferences for consumer goods, like a specific brand of car, do not typically fall under these structural health determinants.

56. (A) The state has a responsibility to ensure conditions that allow people to be as healthy as possible.
The concept of health as a human right implies that all individuals are entitled to the highest attainable standard of physical and mental health. This places a responsibility on governments to ensure that the social and environmental conditions necessary for good health are accessible to everyone. This perspective moves health beyond being a commodity for those who can afford it, emphasizing collective responsibility for creating equitable systems that promote wellness for all citizens.

57. (C) An externality
In economics, an externality occurs when the production or consumption of a good or service affects a third party who is not directly involved in the transaction. Vaccination is a classic example of a positive externality, as an individual's decision to get vaccinated helps protect the wider community through herd immunity. Recognizing externalities is important for public health policy, as it provides a strong economic justification for government intervention to promote beneficial health behaviors.

58. (A) The personal meaning an individual attaches to their illness.
Economic aspects of health focus on the allocation of scarce resources, the financial implications of illness, and the efficiency of healthcare systems. This includes analyzing the cost-effectiveness of medical interventions, the role of insurance, and the impact of health on national productivity. The subjective, personal meaning an individual attaches to their illness is a psychological or sociological aspect of health, rather than an economic one, although it may eventually influence economic behaviors.

59. (D) It analyzes how political and economic processes shape health outcomes and systems.
The political economy of health examines the deep intersections between political power, economic structures, and population health. It analyzes how the distribution of resources, the interests of powerful actors, and governmental policies collectively shape health outcomes and the organization of healthcare systems. This perspective argues that health is not just a biological or individual matter, but is fundamentally influenced by the macro-level processes that govern society and the global economy.

60. (A) P-4, Q-3, R-1, S-2
Economic concepts are vital for understanding healthcare decisions. Opportunity cost is the benefit lost when choosing one investment over another. Adverse selection occurs when high-risk individuals are more likely to buy insurance. Moral hazard involves increased use of services by those with insurance. Scarcity necessitates making difficult choices about how to allocate limited budgets. These concepts help explain the behaviors of individuals, insurers, and governments within the complex and often inefficient healthcare market.

61. (C) A set of societal expectations about how a sick person should behave and be treated.
Talcott Parsons' concept of the sick role describes the social expectations and obligations associated with being ill in a functionalist society. According to this theory, a sick person is granted certain rights, such as exemption from normal social roles, but also has responsibilities, like the obligation to seek medical help and strive to get well. This perspective highlights that illness is not just a biological state, but a social role with specific behavioral norms.

62. (D) Interpersonal factors and social norms
Individual health behaviors are often heavily influenced by interpersonal relationships and the social norms of one's peer group. In this scenario, the desire to fit in and the perception of smoking as cool among friends are the primary drivers of the behavior. This illustrates that

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92. (B) Social capital
Social capital refers to the resources available to individuals and communities through their social networks, including trust, mutual support, and social participation. Communities with high social capital often have better health outcomes because these networks facilitate the sharing of health information, provide emotional support, and encourage collective action for public safety and health resources. This demonstrates that the strength of social connections is a powerful non-material determinant of health and community well-being.

93. (C) Gender bias in healthcare
The dismissal of a female patient's heart attack symptoms as anxiety, while a male patient receives immediate cardiac care, is a clear example of gender bias in healthcare. Such biases can lead to delayed diagnoses, inappropriate treatments, and poorer health outcomes for women. This scenario highlights how social perceptions of gender can influence clinical decision-making and contribute to health disparities, emphasizing the need for medical training that addresses unconscious biases and ensures equitable care for all.

94. (D) Prestigious Occupation : Always results in lower stress and better health outcomes.
While socioeconomic status is strongly linked to health, the relationship is complex. Higher education and income generally provide better resources for health, but a prestigious occupation does not always guarantee lower stress or better outcomes. High-status jobs can often be accompanied by intense pressure, long hours, and significant psychological demands. Therefore, while SES is a powerful predictor of health at a population level, individual outcomes are still influenced by the specific demands and stressors of one's environment.

95. (A) (i), (ii), and (iv)
The debate between social causation and social selection/drift explores the causal direction between socioeconomic status and health. Social causation argues that the conditions of poverty lead to illness, while social selection suggests that poor health causes individuals to lose their status. Most researchers today believe that the relationship is bidirectional, with both processes contributing to health disparities. Understanding these dynamics is essential for designing policies that address both the social origins of disease and the economic consequences of ill-health.

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96. (B) A health policy decision at the political level.
Mandating the addition of folic acid to flour is a classic example of a population-level health policy. This political decision aims to improve public health by ensuring that a vital nutrient is automatically included in a common food source, thereby reducing the incidence of birth defects. Such policies illustrate how government action and regulation can be used to address widespread health issues and protect the well-being of the entire population through structural changes in the environment.

97. (B) Because consumers (patients) often lack the information to make rational choices.
Healthcare is not a typical market good primarily due to information asymmetry, where doctors possess far more medical knowledge than patients. This makes it difficult for consumers to evaluate the necessity, quality, and price of services, leading to a breakdown of standard market efficiency. Additionally, the unpredictable nature of illness and the ethical importance of health mean that healthcare decisions are often made under stress and without the ability to "shop around" as one would for other goods.

98. (A) The cellular mechanism by which a vaccine creates immunity.
Political aspects of health encompass government decisions, regulations, and funding priorities that shape the overall health of a population. This includes stances on reproductive rights, public health infrastructure funding, and environmental regulations. The cellular mechanisms of how a vaccine works are biological facts and fall under the domain of medical science and immunology. While politics may influence vaccine distribution and policy, the biological process itself is independent of political and economic social factors or processes.

99. (C) The method of healthcare financing has no impact on health equity.
The method used to finance healthcare has a profound impact on health equity and access. Systems funded by general taxation or social

157. (C) Crisis intervention and emotional support
When a patient receives a terminal diagnosis, they often experience intense emotional distress and crisis. The immediate role of a social worker in this situation is to provide crisis intervention and empathetic emotional support. This involves helping the patient process the news, providing a safe space to express their feelings, and helping them mobilize their immediate coping resources. This rapid psychosocial support is essential for helping the individual and their family navigate the initial shock of a life-altering diagnosis.

158. (D) Corporate investment banks
Health social workers practice in a wide variety of settings where health and social issues intersect. Common settings include public and private hospitals, community mental health centers, and hospice or palliative care units. In these environments, they address the psychosocial needs of patients and families facing illness or trauma. Corporate investment banks are financial institutions and do not typically employ health social workers, as their focus is on financial management rather than the delivery of psychosocial healthcare services.

159. (A) Its primary and sole function is to arrange financial aid for patients.
While social workers do help patients access financial resources, this is only one part of their much broader role in healthcare. The social work approach is fundamentally holistic, emphasizing the importance of the social and environmental context of the patient. They work as part of interdisciplinary teams to provide patient advocacy, counseling, and psychosocial assessment. Their goal is to address all the non-medical factors that impact health, ensuring that patients receive comprehensive support beyond just financial or clinical assistance.

160. (C) P-3, Q-4, R-1, S-2
Social workers utilize various skills to support patients and families. Active listening involves fully engaging with the client's communication. Empathy is the ability to understand and share the client's feelings from their perspective. Resource mobilization involves connecting families with concrete services like food banks or transportation. Psychosocial education helps patients and families understand the typical emotional responses to health challenges. These diverse skills collectively enable social workers to provide comprehensive, patient-centered care that addresses both emotional and practical needs.

161. (B) Social determinants of health
The concept of social determinants of health focuses on the "upstream" factors that shape the conditions in which people live and work. These include economic policies, social inequality, and environmental conditions that have a profound impact on health outcomes. By moving beyond individual biology and clinical care, this field of study highlights the importance of addressing the fundamental social and structural causes of illness to improve population health and reduce systemic health inequities across various diverse groups.

162. (A) Behavioral factor influencing health
An individual's decision to get a flu shot is an example of a health-related behavior. Such behaviors are the actions individuals take to maintain or improve their health and prevent disease. While health behaviors are influenced by social and political factors, the act of vaccination itself is an individual choice and a specific behavioral action. Public health efforts often aim to encourage such health-enhancing behaviors through education and by removing barriers to access for the general population.

163. (C) Statement I is false, but Statement II is true.
The study of social, economic, and cultural factors in health is far from purely academic; it has critical practical applications. Understanding these factors is essential for developing effective, culturally sensitive health interventions and for creating public policies that promote health equity. By addressing the social realities of different groups, public health officials can design programs that are more likely to be successful and have a lasting positive impact on the health and well-being of entire communities.

164. (D) The presence of a strong, supportive family network.
A strong, supportive family network is a classic example of a social factor that influences health. Such networks provide individuals with emotional comfort, practical assistance, and a

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through regulation and transparency is a major focus of health economics and healthcare policy.

107. (D) Cost-Effectiveness Analysis (CEA)
Cost-effectiveness analysis is used to compare different interventions based on their relative costs and health outcomes. It is particularly useful when comparing drugs or treatments that have the same general goal, such as improving a health condition. By calculating the cost per unit of health gained, CEA helps decision-makers determine which option provides the most health benefit for each dollar spent, ensuring that limited resources are used in the most efficient manner possible.

108. (B) The fact that health is not a scarce resource and has no associated costs.
Health economics is a distinct discipline because health and healthcare are not typical market goods. Key features include significant uncertainty in disease onset and treatment effectiveness, a major role for government in funding and regulation, and the presence of externalities like the spread of infectious diseases. Contrary to being unlimited, health resources are inherently scarce and involve significant costs, necessitating economic analysis to ensure they are distributed efficiently and equitably to benefit the entire population.

109. (C) It is a tool used primarily for Cost-Benefit Analysis (CBA).
The Disability-Adjusted Life Year (DALY) is a widely used metric for measuring the overall burden of disease in a population. It combines years of life lost due to early death with years lived with disability or ill-health. A lower DALY value indicates a healthier population with a lower disease burden. While central to global health and often used in cost-effectiveness or cost-utility analysis, DALYs are not primarily designed for use in monetary-based cost-benefit analysis.

110. (A) Both A and R are true and R is the correct explanation of A.
From an economic perspective, preventive healthcare is considered an investment in human capital. By spending on measures like vaccinations or screenings today, society can avoid the significantly higher costs associated with treating advanced diseases in the future. This approach not only improves individual well-being but also leads to long-term savings for the healthcare system and increases national productivity by maintaining a healthier workforce, illustrating the powerful economic rationale for prioritizing prevention over curative care.

111. (A) Understand the essence of a lived experience from the perspective of those who have lived it.
The primary goal of a phenomenological study is to explore and describe the essence of a particular lived experience. Researchers seek to understand how individuals perceive and make sense of their world, focusing on their subjective feelings and interpretations. In a health context, this might involve studying the experience of living with a chronic illness or undergoing a major medical procedure, providing deep insights that quantitative methods cannot capture about the human side of healthcare.

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112. (B) A process for identifying, analyzing, and reporting patterns (themes) within data.
Thematic analysis is a widely used method in qualitative research for identifying and organizing patterns of meaning, known as themes, within a dataset. This process involves carefully reviewing text, such as interview transcripts, to find recurring ideas or concepts that are relevant to the research question. Unlike statistical techniques that count frequencies, thematic analysis focuses on providing a rich and detailed account of the data, allowing researchers to interpret the complexities of the social phenomena being studied.

113. (B) Reflexivity
Reflexivity is the process in qualitative research where the investigator continuously reflects on their own background, assumptions, and biases and how these might influence the research process and findings. By acknowledging their own role as a co-creator of knowledge, researchers can increase the transparency and trustworthiness of their work. This practice is essential for maintaining rigor in qualitative studies, as it helps to clarify how the researcher's perspective has shaped the data collection and analysis.

114. (A) Case Study : In-depth investigation of a single, bounded system (e.g., a person, a clinic, a program).
Different qualitative methods have specific areas of focus. A case study involves an intensive, in-depth examination of a single instance or bounded system, such as a specific clinic or a unique patient case. This method provides a holistic understanding of the complexities and unique features of that specific case within its real-life context. Other methods, like ethnography or phenomenology, focus more on culture or individual lived experiences, respectively, illustrating the diverse approaches within qualitative research.

115. (B) (i), (ii), (iii), and (iv)
Trustworthiness in qualitative research is ensured through four key principles: credibility, transferability, dependability, and confirmability. These criteria are designed to demonstrate the rigor and quality of the study, similar to validity and reliability in quantitative research. Statistical significance is a quantitative measure and is not used to evaluate the quality of qualitative findings. By adhering to these principles, qualitative researchers can ensure that their results are robust, well-supported by the data, and meaningful within their specific context.

116. (D) The psychosocial aspects of health and illness.
Social work's unique contribution to healthcare is its focus on the psychosocial dimensions of well-being. This includes assessing how a patient's emotional state, family relationships, social support, and environmental conditions interact with their physical illness. By addressing these non-medical factors, social workers help provide more holistic care, ensuring that the social and emotional barriers to health are identified and addressed alongside medical treatments managed by other members of the multidisciplinary healthcare team.

117. (C) To provide a space for shared experience, mutual support, and coping strategies.
Support groups led by social workers provide a vital space for individuals facing similar challenges to connect and share their experiences. The primary goal is to foster mutual support and help participants develop effective coping strategies for dealing with the emotional and social impacts of an illness, such as cancer. These groups provide a sense of community and validation, reducing isolation and enhancing the well-being of both patients and their families as they navigate difficult health journeys.

118. (C) Statement I is false, but Statement II is true.
Crisis intervention in social work is a specific, short-term approach designed to help individuals deal with immediate and acute problems or traumas. The goal is to provide rapid support, stabilize the situation, and help the client mobilize their coping resources. Unlike long-term psychotherapy, which may last for years and focus on deep-seated psychological issues, crisis intervention is focused on the present moment and helping the person regain a sense of control and equilibrium after a sudden distress.

119. (D) To explore practical solutions like transportation to a grocery store, community gardens, or connecting with food assistance programs.
Using a person-in-environment perspective, a social worker recognizes that individual health management is often constrained by environmental factors like living in a food desert. The most appropriate response is to address these structural barriers by finding practical solutions that increase the client's access to healthy food. This might include arranging transportation, supporting community initiatives, or linking the client with assistance programs, thereby addressing the environmental context that is preventing effective disease management and better health outcomes.

120. (C) P-4, Q-1, R-2, S-3
Social workers fulfill diverse roles across various healthcare settings. In an emergency department, they often provide crisis intervention and assess for trauma or abuse. Hospice care social workers focus on end-of-life counseling and bereavement support. In community clinics, they link families with social services and preventive care. In the NICU, they provide essential support to parents of critically ill infants. These varied roles demonstrate the importance of psychosocial care in addressing the complex needs of patients and families.

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121. (C) The ability of healthcare providers and organizations to deliver services that meet the social, cultural, and linguistic needs of patients.
Cultural competence in healthcare involves the ongoing process of developing the knowledge and skills necessary to provide effective and respectful care to patients from diverse backgrounds. This includes understanding different cultural beliefs about health, addressing language barriers, and being aware of social factors that influence health. By practicing cultural competence, healthcare organizations can improve patient satisfaction, build trust, and reduce health disparities that arise from cultural misunderstandings or systemic biases in the medical system.

122. (A) Social and economic factors
The stark differences in life expectancy between low-income and high-income countries highlight the profound global impact of social and economic factors on health. These disparities are rooted in unequal access to basic needs like clean water, nutrition, and education, as well as differences in healthcare infrastructure and political stability. These macro-level determinants shape the health trajectories of entire populations, illustrating that global health outcomes are fundamentally a product of the economic and social conditions in which people live.

123. (D) Education is linked to better health literacy, income, and behaviors.
Educational attainment is a powerful determinant of health because it provides individuals with the skills and resources to lead healthier lives. Education is strongly associated with higher health literacy, enabling people to better understand health information and make informed choices. It also leads to higher income and better employment opportunities, providing the financial means for nutritious food and healthcare. Furthermore, higher education levels are consistently linked to a reduced likelihood of engaging in health-impairing behaviors like smoking.

124. (B) It encompasses the study of healthcare systems, health policy, and the social determinants of health and illness.
The scope of social sciences in health is broad and multidisciplinary, focusing on the social, cultural, economic, and political factors that shape health and the delivery of care. This includes analyzing how healthcare systems are organized, the impact of national health policies, and the fundamental social determinants of illness. By examining these broad influences, social sciences provide a critical understanding of the context of health that complements the biological and clinical perspectives of medical science.

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125. (C) (i), (ii) and (iii)
Cultural factors affecting health include beliefs, values, and traditions that shape an individual's interaction with the healthcare system. Language barriers, religious prohibitions on certain treatments, and traditional dietary practices are all clear examples of cultural influences. These factors determine how patients communicate with providers and the choices they make regarding their health management. While the cost of insurance is an important factor, it is categorized as an economic determinant rather than a cultural one within the study of health.

126. (D) "Blaming the victim" by overemphasizing individual responsibility.
A purely behavioral approach to health focuses on individual lifestyle choices like diet and exercise, often neglecting the broader social and structural factors that influence these choices. This can lead to a "blaming the victim" mentality, where individuals are held solely responsible for their health problems without considering the impact of poverty, lack of resources, or unhealthy environments. A more comprehensive approach recognizes that individual behaviors are always situated within a social context that can either support or hinder wellness.

127. (A) Symbolic Interactionism
Symbolic interactionism is a sociological perspective that focuses on the meanings individuals attach to their experiences and how they interact with others based on these meanings. In the context of health, this theory is interested in how individuals understand and define their illnesses and how they manage their identities as "patients" or "chronically ill" people. This approach emphasizes the subjective and socially constructed nature of the illness experience and the importance of interpersonal communication in shaping health-related behaviors.

challenges and achieving their health-related goals.

143. (A) Going to a gym for regular exercise as a preventive measure.
Illness behavior refers to the actions taken by people who perceive symptoms and are trying to define their state of health and find a remedy. This includes consulting with others, seeking a medical diagnosis, or taking medication for symptoms. Regular exercise by a healthy person is categorized as preventive health behavior rather than illness behavior. Distinguishing between these categories helps researchers understand the different motivations and social processes that drive various types of health-related actions in the population.

144. (B) Perceptions of risk are always rational and based on statistical probabilities.
Health perceptions and behaviors are complex and often influenced by cultural, social, and emotional factors rather than just objective risk data. Perceptions of risk are frequently subjective and may not align with actual statistical probabilities, as people often overestimate rare threats and underestimate common ones. Understanding that health behaviors are learned and shaped by social contexts and media portrayals is essential for developing effective health education programs that can successfully influence public perceptions and encourage healthier choices.

145. (C) (i), (ii), (iii), and (iv)
The Stages of Change, or Transtheoretical Model, describes health behavior change as a process that occurs through several distinct stages. These include precontemplation, where there is no intention to change; contemplation, where the individual is considering change; preparation, making plans to change; and action, the actual implementation of the new behavior. Recognizing these stages is important for health interventions, as the most effective strategies are those tailored to an individual's current level of readiness for change.

146. (A) Cost-Utility Analysis
Cost-utility analysis is a type of economic evaluation that measures health outcomes in terms of both the length and quality of life. The Quality-Adjusted Life Year (QALY) is the standardized unit used to combine these two dimensions. This analysis is particularly valuable for pharmaceutical companies and policymakers when evaluating new drugs, as it provides a way to compare the cost of a treatment with the actual health improvement and well-adjusted life it provides to the patient.

147. (C) Cost-effectiveness ratio (cost per case prevented) for each program.
To decide between two competing health programs with a common goal, a health economist would calculate the cost-effectiveness ratio for each. This ratio, such as the cost per case of disease prevented, allows for a direct comparison of the efficiency of each program. By determining which intervention achieves the desired health outcome at the lowest cost, decision-makers can ensure that limited public health funds are used in a way that maximizes the benefit to the population.

148. (C) Statement I is false, but Statement II is true.
In health economics, equity does not simply mean that everyone receives the same amount of healthcare services. Instead, it more commonly refers to the principle of equal access for equal need, where resources are distributed according to an individual's health requirements. Equity can also be concerned with achieving equality in health outcomes across different groups. This distinction is crucial for developing policies that aim to reduce health disparities and ensure a fair distribution of healthcare resources.

149. (C) High-risk individuals purchase insurance more often, increasing costs.
Adverse selection is a phenomenon in insurance markets where individuals with a higher risk of needing medical care are more likely to purchase insurance than those who are healthy. This occurs when individuals have better information about their own health status than the insurer. This can lead to an "unbalanced" pool of insured people, driving up premiums and potentially making insurance unaffordable for everyone. This problem is a major justification for mandatory insurance programs and government regulation.

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include access to and quality of healthcare, exposure to both physical and psychosocial risks, and differences in health-related behaviors. Furthermore, SES shapes the availability of social and psychological resources like social support and a sense of control over one's life. Biological factors like blood type are not pathways through which SES operates. Collectively, these pathways illustrate how an individual's position in the social hierarchy determines their health trajectory.

136. (A) Health policy
Health policy refers to the broad framework of laws, regulations, and decisions implemented by society to achieve specific health goals. This includes policies aimed at promoting wellness, preventing disease, and reducing health inequities across different groups. Health policy is a major political determinant of health, as it reflects societal priorities and determines the allocation of resources and the structure of the healthcare system. Effective health policy is essential for creating an environment that supports the health of all citizens.

137. (C) Information asymmetry
Information asymmetry is a fundamental concept in health economics describing a situation where one party, usually the doctor, has significantly more medical knowledge than the other party, the patient. This imbalance makes it difficult for patients to evaluate the need for and quality of the care they receive. This creates a unique market dynamic where the provider can influence the demand for their own services, necessitating regulation and ethical codes to protect patients and ensure the efficiency of the health system.

138. (C) Statement I is true, but Statement II is false.
Political decisions, such as the privatization of healthcare, have significant implications for health equity as they can change who has access to services and at what cost. Furthermore, economic factors are strongly correlated with health outcomes at the population level. A country's GDP is generally associated with its average life expectancy, reflecting the resources available for nutrition, infrastructure, and healthcare. Economic and political forces are therefore fundamental drivers of national health and should be considered together in health policy.

139. (D) A commodity whose distribution is shaped by class, power, and capital accumulation.
From a political economy perspective, health and healthcare are viewed as commodities whose distribution is fundamentally shaped by the structures of power and economic processes in society. This perspective argues that health is not just an individual biological event, but is deeply influenced by social class, political decisions, and the drive for profit within the capitalist system. Understanding health through this lens highlights the importance of addressing macro-level social and economic inequalities to improve overall population well-being.

140. (B) P-3, Q-2, R-1, S-4
Different nations have adopted various models for financing and organizing their healthcare systems. The United Kingdom uses the Beveridge Model of tax-funded, socialized medicine. Germany is a classic example of the Bismarck Model, which relies on social insurance. Canada utilizes a National Health Insurance Model with private providers but government-run insurance. In many developing nations, especially in rural areas, an out-of-pocket system is common, where individuals must pay directly for services due to limited formal insurance coverage.

141. (C) Theory of Planned Behavior
The Theory of Planned Behavior identifies subjective norms as a key determinant of an individual's intention to perform a specific behavior. Subjective norms refer to the social pressure or influence a person perceives from important people in their life, such as friends and family. This theory argues that an individual's intention is shaped not only by their own attitudes and perceived control but also by their desire to comply with the expectations and norms of their social network.

142. (D) Self-efficacy
Self-efficacy is a psychological concept referring to an individual's belief in their own capability to successfully perform a specific task or behavior. In the context of health, high self-efficacy is a critical predictor of a person's ability to adopt and maintain healthy habits, such as sticking to a diet or quitting smoking. This belief in one's own agency influences the amount of effort and persistence a person will put into overcoming

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128. (B) Metaphysical (astrological signs, spiritual auras)
The social-ecological model identifies several distinct levels of influence that shape health outcomes. These include the individual level (knowledge and attitudes), the interpersonal level (family and social networks), the organizational and community levels, and the macro-level of public policy. These levels provide a comprehensive framework for understanding and addressing health issues. Metaphysical concepts like astrological signs are not recognized as components of this evidence-based model, which focuses on measurable social, psychological, and environmental factors.

129. (B) It suggests that individual lifestyle choices are the only cause of disease.
The social production of disease framework emphasizes that patterns of health and illness are created by the macro-level organization of society. It examines how structural factors like economic policy, corporate interests, and social inequality shape health outcomes. This perspective explicitly moves away from focusing solely on individual choices, arguing that health is a social product rather than just a personal biological event. It provides a critical lens for understanding how broad societal forces can harm or promote public health.

130. (A) Both A and R are true and R is the correct explanation of A.
From a sociological perspective, disease is more than a biological condition; it is also a social role with specific expectations. Talcott Parsons' concept of the sick role formalizes this idea by outlining the rights and obligations of an ill person. This theory explains how society allows for a temporary suspension of normal duties while ensuring that the individual works toward recovery. This highlights that being sick involves adopting a socially recognized position with specific behavioral norms and responsibilities.

131. (C) Socio-economic status and living conditions
Higher rates of asthma in children living in poor-quality, mold-infested housing illustrate how living conditions are a powerful determinant of health. These conditions are directly linked to socioeconomic status, as lower-income families often have fewer choices regarding where they live and may be forced into unhealthy environments. This scenario demonstrates that health is not just the result of genetics or personal choices, but is significantly shaped by the physical and social realities of an individual's immediate living environment.

132. (D) A low-income area with limited access to affordable, nutritious food.
A food desert is a geographical area, typically in a low-income community, where residents have limited access to affordable and high-quality fresh food. This lack of access often forces individuals to rely on small convenience stores or fast food outlets that provide calorie-dense but nutrient-poor options. Food deserts are a significant structural determinant of health, contributing to higher rates of diet-related chronic diseases like obesity and diabetes among populations living in these underserved urban and rural areas.

133. (C) Social networks
Social networks represent the web of social relationships that provide individuals with support and resources. In this scenario, the researcher is investigating how a supportive group of friends helps a person cope with the stress of chronic illness, which is a classic example of social support within a network. These networks are essential for health because they provide emotional comfort, practical help, and a sense of belonging, all of which can buffer the negative effects of stress and illness.

134. (B) An individual's health status is completely independent of the social structure they live in.
Social structure profoundly shapes health by determining an individual's exposure to risks and access to resources. Factors such as class, race, and gender are social constructs that influence health through differences in power, roles, and living conditions. An individual's health status is never independent of the social structure but is deeply embedded within it. Recognizing these structural influences is essential for understanding why certain groups consistently experience poorer health and for developing effective policies to promote health equity.

135. (B) (i), (ii), (iii), and (v)
Socioeconomic status (SES) influences health through several interconnected pathways. These

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150. (A) Both A and R are true and R is the correct explanation of A.
The healthcare market is widely regarded as a prime example of market failure because it lacks the conditions necessary for perfect efficiency. Problems such as information asymmetry between doctors and patients, significant externalities like the spread of disease, and the potential for monopolies prevent it from functioning like a standard commodity market. These inherent features necessitate government intervention and regulation to ensure that healthcare is provided efficiently, fairly, and in a way that protects the public interest.

151. (D) To provide a detailed, in-depth examination of a single instance or event.
The primary purpose of a case study design in qualitative research is to provide an intensive and comprehensive investigation of a single, bounded system. This could be an individual patient, a specific healthcare team, or a unique public health program. By focusing on a single case, researchers can explore the complex interactions and contextual factors that shape the phenomenon in its real-world setting. This approach provides a deep level of understanding that broader, large-scale studies often cannot achieve.

152. (A) Theoretical saturation
Theoretical saturation is a key concept in qualitative research, particularly in grounded theory, which indicates the point at which further data collection no longer reveals new insights or theoretical properties. When saturation is reached, the researcher can be confident that they have a comprehensive understanding of the topic and that the emerging theory is well-supported by the data. This provides a clear and systematic criterion for deciding when to stop collecting new information during the research process.

153. (C) It allows participants the flexibility to tell their stories in their own words and raise issues the researcher may not have anticipated.
Unstructured interviews are particularly valuable in qualitative research when exploring sensitive topics or marginalized populations. This method provides participants with the flexibility to share their personal stories and experiences in their own words, without being constrained by a pre-set list of questions. This open approach allows for the discovery of rich, unexpected insights and helps researchers gain a deep, empathetic understanding of the participant's world and the complex issues they face in the healthcare system.

154. (A) Grounded Theory : Focuses on pre-existing hypotheses.
Grounded Theory is an inductive qualitative research method that aims to develop a theory that is directly rooted in the data collected from participants. Unlike deductive research, which begins with a pre-existing hypothesis to be tested, Grounded Theory starts with an open exploration of the data to allow new concepts and theoretical frameworks to emerge. Other qualitative methods like phenomenology, ethnography, and narrative inquiry have their own distinct focuses on lived experience, culture, and stories, respectively, in social research.

155. (C) (i), (ii), (iii), and (v)
A qualitative study exploring cultural meanings of healing rituals would typically employ an ethnographic framework and use methods like participant observation and in-depth interviews. Analyzing historical texts can also provide important context. A randomized controlled trial is a quantitative method designed to test efficacy under controlled conditions, which is fundamentally different from the goal of understanding subjective cultural meanings. The combination of qualitative methods provides a holistic and contextualized understanding of the ritual from the perspective of the community.

156. (B) The client is seen as an expert in their own life and has the right to make their own decisions.
Client self-determination is a fundamental ethical principle in social work that respects the right of individuals to make their own choices and decisions regarding their lives. This principle recognizes that clients are the experts in their own experiences and should be empowered to participate actively in their care and problem-solving. While social workers provide guidance and resources, they must respect the client's autonomy and support them in making decisions that align with their own values and goals.

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insurance aim to decouple access from the individual's ability to pay, promoting greater equity. In contrast, systems that rely heavily on out-of-pocket payments can create significant barriers for lower-income individuals, leading to major health disparities. Therefore, the way a society chooses to pay for healthcare is a critical determinant of who receives care and who is excluded.

100. (B) P-3, Q-4, R-1, S-2
Political and economic terms are highly relevant to health. Lobbying involves industries trying to influence government health policies. Deregulation can remove important safety controls, potentially harming public health. A public good, like clean air, is something that benefits everyone and cannot be easily restricted. Rationing is the necessary process of allocating limited healthcare resources based on need or price. Understanding these terms is essential for analyzing how power and resources shape the health of a population and its systems.

101. (C) Perceived susceptibility
Perceived susceptibility is a core construct of the Health Belief Model that refers to an individual's subjective assessment of their risk of developing a specific health condition. A person who believes they are unlikely to contract a disease, such as the flu, may be less motivated to take preventive actions like getting vaccinated. This internal perception of risk is a powerful driver of health behavior, as it directly influences whether someone feels the need to take protective measures.

102. (B) Illness behavior
Illness behavior refers to the specific actions taken by individuals who perceive themselves to be ill for the purpose of defining their state of health and finding a suitable remedy. This includes discussing symptoms with others, seeking information online, and consulting a healthcare professional for a diagnosis. It is distinguished from preventive health behavior, which is undertaken by healthy individuals to avoid disease, and focuses on the psychological and social processes involved in responding to symptoms.

103. (D) Cue to action
In the Health Belief Model, a cue to action is a stimulus that triggers an individual to perform a specific health behavior. Cues can be internal, such as physical symptoms, or external, such as a reminder from a doctor or an educational pamphlet. In this scenario, reading the pamphlet provided the necessary push for the individual to take the step of getting their blood pressure checked, illustrating how information can serve as a catalyst for proactive health-related decisions.

104. (A) An individual's perception of the severity of a symptom can influence their decision to seek care.
Health perceptions are subjective and can vary significantly from objective medical facts, yet they are crucial in determining individual actions. A person's perception of how serious their symptoms are directly influences whether and when they seek medical attention. These perceptions are shaped by personal experience, cultural background, and social context. Recognizing that everyone interprets health and illness differently is essential for healthcare providers to understand patient behaviors and provide effective, patient-centered communication.

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105. (D) (i), (ii), (iii), and (iv)
Talcott Parsons' concept of the sick role outlines four specific expectations for individuals who are ill. These include two rights: being exempt from normal social roles and not being held responsible for their condition. They also include two obligations: the requirement to want to get well and the duty to seek technically competent medical help. These components together form a social role that allows for the temporary suspension of normal duties while ensuring the individual works toward recovery.

106. (A) Information asymmetry
Information asymmetry is a situation in an economic transaction where one party has more or better information than the other. In healthcare, this most commonly occurs between a doctor and a patient, or a patient and an insurance company. This imbalance can lead to market inefficiencies, as the party with less information is at a disadvantage when making decisions. Addressing information asymmetry

sense of belonging, all of which can buffer the negative effects of stress and contribute to better physical and mental health. This highlights the importance of interpersonal relationships and social support as critical non-medical determinants of well-being, influencing how individuals manage their health and respond to the challenges of illness.

165. (A) (i), (ii) and (iii)
Social determinants of health include a range of life conditions such as early childhood development, employment and working conditions, and access to affordable, healthy food. These structural factors are categorized as social because they are determined by how society is organized and resources are distributed. The specific bacteria causing an infection is a biological agent and is not considered a social determinant, although social conditions may influence a person's exposure to such pathogens within their specific environment.

166. (B) A conflict theory perspective on health
Conflict theory perspectives on health focus on how social inequality and the unequal distribution of power and resources in society lead to differential health outcomes. This theory argues that health disparities are the result of systemic injustices and the struggle for resources between different social groups. It examines how powerful interests, such as corporations or dominant social classes, can shape health policies and environments in ways that disadvantage marginalized groups, leading to systemic patterns of ill health.

167. (D) The Fundamental Cause Theory.
The consistent finding that those with more education and income have better health outcomes across many different diseases provides strong support for Fundamental Cause Theory. This theory argues that socioeconomic status is a "fundamental cause" of health disparities because it provides individuals with the flexible resources needed to avoid risks and adopt protective behaviors, regardless of the specific disease or risk factors that are most prominent at any given time in history or society.

168. (A) Reductionism and neglect of the social context of health and illness.
A major sociological critique of the Biomedical Model is its reductionism, as it tends to reduce complex human health problems to simple biological or physical processes. This focus often leads to a neglect of the broader social, psychological, and environmental contexts that are essential for understanding the distribution and experience of health and illness. While successful in technical medical treatments, this narrow perspective can overlook the fundamental social causes of disease and the human dimension of care.

169. (C) All diseases can be fully explained by examining the individual's genetic code alone.
Social theories of disease emphasize that health is a product of social and environmental factors as well as biology. They argue that factors like social networks, the social construction of illness, and social stress from poverty or discrimination are critical for understanding health outcomes. The idea that diseases can be fully explained by genetics alone is a purely biological perspective that social theories explicitly challenge, highlighting instead the complex interplay between our biology and the social world.

170. (A) Both A and R are true and R is the correct explanation of A.
Socially marginalized groups often face a significantly higher burden of disease because they are exposed to a combination of cumulative risks. These include economic deprivation, limited access to resources, and experiences of discrimination and heightened psychosocial stress. These factors are not independent but work together within a systemic social structure to create and maintain health disparities. Understanding this complex interplay is essential for developing effective interventions that address the structural origins of ill health in marginalized populations.

171. (D) Education
Education is a fundamental component of socioeconomic status that directly impacts health through enhanced knowledge and cognitive skills. A well-educated person is better equipped to understand and critically evaluate health information, navigate the complexities

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200. (B) P-2, Q-3, R-1, S-4
Social work roles in health are guided by specific frameworks. Advocacy is rooted in social justice and empowerment. Case management uses systems theory to coordinate various services. Counseling relies on therapeutic relationships and strong communication skills. Finally, psychosocial assessment is fundamentally grounded in the person-in-environment perspective. These roles and their guiding principles collectively enable social workers to provide comprehensive, multi-dimensional support that addresses the complex interplay of biological, psychological, and social factors in the lives of their clients.

201. (C) A multidisciplinary field examining the interplay of social, cultural, economic, and political factors.
The social sciences in health are a multidisciplinary field that provides a comprehensive understanding of how social, cultural, economic, and political forces shape health and illness. It moves beyond a narrow focus on individual psychology or biology to examine how broad societal structures, policies, and beliefs influence patterns of disease and the delivery of care. This holistic perspective is essential for identifying health disparities and for developing effective, socially informed interventions and policies that promote population-wide well-being.

202. (A) The tendency for health policy, despite acknowledging social determinants, to drift back towards focusing on individual lifestyle choices.
Lifestyle drift is a critical concept in public health, describing the tendency for policies that initially aim to address the social determinants of health to eventually focus on individual behaviors instead. This shift often occurs because individual lifestyle interventions are easier to implement than broad structural changes. However, by ignoring the underlying social and economic causes of ill health, lifestyle-focused policies can be less effective and may inadvertently exacerbate health inequalities by overemphasizing individual responsibility for structural problems.

203. (D) It creates chronic stress, economic disadvantage, and results in inequitable access to resources.
Social discrimination is a major determinant of health because it has direct and harmful physiological and social consequences. It creates chronic psychosocial stress, which is known to lead to various physical and mental health problems. Furthermore, discrimination results in economic disadvantage and inequitable access to essential resources like quality education, housing, and healthcare. Addressing discrimination is therefore essential for achieving health equity, as it is a fundamental driver of health disparities for marginalized and oppressed groups.

204. (B) They are fixed, unchangeable, and cannot be influenced by policy.
The social determinants of health are the conditions in which people are born, grow, and live, and they are not fixed. Instead, they are the result of policy choices and social arrangements, meaning they can be influenced and improved through targeted action. These determinants are responsible for significant health inequities and are relevant throughout a person's entire life. Effective public policy can address factors like housing, education, and employment to create a more equitable environment that promotes better health.

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205. (C) Statement I is true, but Statement II is false.
The social production of disease perspective provides a macro-level analysis of how economic and industrial processes can harm public health, such as through the promotion of unhealthy products. In contrast, the biomedical model is less effective at explaining the social patterning of chronic disease because it focuses primarily on biological mechanisms and tends to overlook the social and structural factors that are essential for understanding why certain diseases are more prevalent in specific social classes or groups.

206. (D) The Fundamental Cause Theory
Fundamental Cause Theory explains that socioeconomic status remains a persistent determinant of health because it provides individuals with access to a wide range of protective resources. These flexible resources, such as money, knowledge, power, and social

health budgets, the influence of industry lobbyists on regulations, and the impact of trade agreements on medication prices. These involve the exercise of political power and the allocation of economic resources. A doctor using a stethoscope is a technical, clinical action and does not directly involve macro-level political or economic processes, although the availability of the stethoscope may be influenced by them.

179. (C) The outcome of medical treatment is always certain and guaranteed.
Healthcare has unique economic features, most notably the pervasive uncertainty regarding the outcome of medical treatments. Unlike many other services, the success of a medical intervention is never guaranteed. Other features include the presence of third-party payers (insurance), which distorts price signals, and the influential role of providers in determining demand. Emergency care also represents a situation where demand is highly inelastic, as patients cannot easily choose to delay treatment based on price when their life is at risk.

180. (B) P-3, Q-1, R-4, S-2
Understanding these health concepts is essential for analyzing systems and outcomes. Health inequity refers to systematic, avoidable, and unjust differences in health. Health inequality is a more general term for any difference in health status. Health policy encompasses the plans and actions of a society to achieve its health goals. Health economics is the application of economic theory to health issues. These terms provide a framework for investigating why health disparities exist and how they can be addressed through effective governance.

181. (C) External locus of control or fatalism.
An individual with an external locus of control believes that their health outcomes are largely determined by external forces such as fate, luck, or powerful others, rather than their own actions. This sense of fatalism can be a barrier to adopting healthy behaviors, as the person may feel that their efforts to improve their health are ultimately futile. In contrast, those with an internal locus of control believe they have significant agency in shaping their own health and well-being.

182. (B) Perceived severity
Public health campaigns that use graphic and frightening images often aim to increase an individual's perceived severity of a health threat. Perceived severity is a person's subjective assessment of how serious the consequences of an illness would be for their life. By highlighting the devastating impact of diseases like lung cancer, these campaigns try to motivate people to change their behavior by making the potential negative outcomes of smoking feel more personally significant and threatening.

183. (C) Statement I is false, but Statement II is true.
Health-seeking behavior is not uniform and varies significantly between individuals and across different social and cultural groups. People's decisions about whether and where to seek care are influenced by a wide range of factors, including the cost of services, their trust in the medical system, and their cultural beliefs about the nature of illness. Recognizing these diverse influences is essential for healthcare providers to understand patient choices and to ensure that services are accessible and responsive.

184. (A) An individual's confidence in their ability to change (self-efficacy) is a critical predictor of success.
Successful health behavior change is a complex process where self-efficacy, or an individual's belief in their own capability to change, is a major predictor of success. Providing information alone is rarely enough to change long-standing habits. Behavior change is a gradual process that involves multiple stages and is significantly influenced by social norms and peer groups. Therefore, effective interventions must go beyond simple education to address psychological readiness and the social environment that supports or hinders change.

185. (B) (i), (ii) and (iii)
Barriers to action are the negative aspects or obstacles that an individual perceives when considering a health behavior. These can include the financial cost of the behavior, a lack of time or convenience, and feelings of fear or pain associated with medical procedures. These perceived barriers can prevent someone from taking action even if they believe the behavior is beneficial. Strong social support is generally

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necessary care and leading to delayed diagnoses and poorer health outcomes. Furthermore, high out-of-pocket costs can lead to catastrophic financial hardship, pushing families into poverty and illustrating how the method of healthcare financing is a critical determinant of both health equity and economic stability.

214. (B) Theory of Planned Behavior : Emphasizes the role of subjective norms and perceived behavioral control.
Different health behavior models focus on different psychological drivers. The Theory of Planned Behavior highlights the importance of an individual's attitudes, perceived social pressure (subjective norms), and their belief in their own control over a behavior. In contrast, the Health Belief Model centers on perceptions of susceptibility and severity, while the Stages of Change Model focuses on an individual's readiness to act. Understanding these distinctions is essential for designing effective health education and intervention programs for populations.

215. (D) Precontemplation
According to the Stages of Change Model, an individual in the precontemplation stage has no intention of changing their behavior in the foreseeable future, often defined as the next six months. People in this stage may be unaware that their behavior is problematic or may be defensive about it. Recognizing this stage is important for health promotion, as the most effective strategies at this point focus on raising awareness and providing information, rather than teaching specific skills for action.

216. (A) 'Illness behavior' is activity undertaken by a person who feels ill to define and remedy their health problem.
Illness behavior and health behavior represent different motivations for action. Illness behavior occurs when an individual perceives symptoms and seeks to define and find a remedy for their problem. Health behavior, in contrast, is typically preventive and undertaken by individuals who feel healthy to maintain their well-being and avoid future illness. Understanding these distinct behavioral processes is essential for health researchers to investigate why people act as they do and how to effectively encourage health promotion.

217. (C) A harm reduction strategy
Needle exchange programs are a key example of a harm reduction strategy in public health. Rather than focusing solely on eliminating drug use, harm reduction aims to minimize the negative health consequences associated with risky behaviors. By providing clean needles, the program helps prevent the spread of infectious diseases like HIV and hepatitis among people who inject drugs. This pragmatic approach recognizes that for some individuals, complete abstinence may be a long-term goal, but immediate protection is vital.

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218. (A) Cost-Effectiveness Analysis (CEA)
Cost-effectiveness analysis is an economic evaluation method that compares the costs of an intervention with a common, non-monetary health outcome. In this scenario, measuring the cost in rupees and the consequence in life-years gained is a classic example of CEA. This analysis allows decision-makers to determine which medical or surgical procedures provide the most health benefit for a given amount of money, helping to ensure that limited healthcare resources are allocated as efficiently and effectively as possible.

219. (D) Forces decision-makers to consider the value of the foregone alternative when making a choice.
Opportunity cost is a fundamental principle in health economics because healthcare resources are always finite. When a decision is made to fund a specific program or treatment, it means that those same resources cannot be used for something else. Considering the opportunity cost forces decision-makers to think about the health benefits that are being sacrificed in the next-best alternative. This ensures more transparent and efficient resource allocation, as the true trade-offs of every healthcare choice are acknowledged.

220. (B) (ii), (v), (iii), (i), (iv)
The qualitative research process typically follows a logical, iterative flow. It begins with defining a research question, followed by a literature review and study design. Data collection occurs next, providing the raw material for analysis and interpretation. Finally, the findings are disseminated to the wider community. This

193. (B) Participant observation.
Participant observation is a data collection technique where the researcher immerses themselves in a setting to observe behaviors and interactions as they occur in real time. In this scenario, the researcher is observing how the layout of a waiting room affects patient anxiety. By being present in the environment, the researcher can gain a deep and nuanced understanding of social dynamics that may not be captured through surveys or interviews, providing valuable insights into the influence of physical space on human behavior.

194. (A) The researcher is viewed as an objective, detached instrument of measurement.
In qualitative research, the researcher is not viewed as a detached instrument but is recognized as an active participant who shapes the research process. Reflexivity is essential, as the researcher's own background and perspective influence the data collection and analysis. Qualitative methodology often uses purposive sampling and involves an iterative process where analysis occurs alongside data collection. This approach is particularly well-suited for gaining a deep, contextual understanding of complex "how" and "why" questions in social and health research.

195. (A) (i), (ii), (iii), and (iv)
A case study focused on a hospital ethics committee involves an in-depth investigation of a specific, bounded system. This methodological approach uses multiple sources of evidence, such as interviews and observations (triangulation), to build a holistic and detailed understanding of the committee's decision-making process. Large random samples are characteristic of quantitative research, while this qualitative case study prioritizes depth and context over breadth and statistical generalization, providing unique insights into the functioning of a complex social and professional group.

196. (D) Supportive counseling
Supportive counseling is a core role for medical social workers, involving helping patients and families manage the intense emotional and social impacts of an illness. This includes providing a safe space to express feelings, helping them develop coping mechanisms, and providing emotional support as they navigate the challenges of the healthcare system. This role is essential for promoting the well-being and resilience of patients and families, ensuring that their psychosocial needs are met alongside their medical treatment.

197. (C) Understanding the patient within their social and environmental context.
Social workers bring a unique and essential perspective to multidisciplinary healthcare teams by focusing on the patient's whole life situation. Their expertise lies in understanding how a patient's social relationships, economic status, and physical environment interact with their physical health and medical treatment. By highlighting these non-medical factors, social workers ensure that the care plan is holistic and addresses the practical and social barriers to recovery that other team members might not prioritize in their own specialized roles.

198. (C) Statement I is true, but Statement II is false.
A major role for health social workers is helping patients navigate complex systems to access essential resources like housing or financial aid. However, the strengths-based approach does not mean ignoring a client's problems; instead, it involves identifying the individual's inherent talents and assets to help them overcome those challenges. This positive perspective empowers clients by focusing on their capabilities and resilience, fostering a collaborative and effective partnership between the social worker and the client as they work together.

199. (D) The social work approach of intervening at the environmental level.
The social worker's action to address a child's asthma by tackling poor housing conditions is a prime example of environmental-level intervention. By recognizing that the medical problem is exacerbated by the home environment, the social worker moves beyond clinical care to address a structural determinant of health. This holistic approach focuses on the root cause of the frequent illness, illustrating the social work commitment to improving well-being by modifying the social and physical environments that harm individual health.

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considered a facilitator rather than a barrier to taking healthy actions in most behavioral models.

186. (A) Cost-Minimization Analysis (CMA)
Cost-minimization analysis is an economic evaluation method used when two or more interventions are known to produce identical health outcomes. In such cases, the analysis is simplified to focus solely on identifying which of the alternatives is the least expensive to provide. This method is common when comparing different brands of the same generic drug or evaluating the most efficient way to deliver a standardized medical service, ensuring that the same result is achieved with minimal cost.

187. (D) Compare the overall burden of different diseases and injuries across populations.
The Disability-Adjusted Life Year (DALY) is a powerful tool in global health used to compare the overall burden of different diseases, injuries, and risk factors. By combining years of life lost due to premature mortality with years lived with disability, the DALY provides a standardized way to measure the impact of ill-health on a population. This allows policymakers to identify the most significant health problems and allocate resources to the interventions that will most effectively reduce the total burden of disease.

188. (B) The fact that all consumers have perfect and complete information about medical treatments.
Applying standard economic principles to healthcare is challenging due to several unique factors. These include the presence of third-party payers (insurance), significant ethical and equity concerns, and the inherent uncertainty in medical outcomes. Crucially, healthcare is characterized by information asymmetry, where consumers do not have perfect or complete information and must rely on the expertise of providers. These features mean that the healthcare market does not behave like a standard, perfectly competitive market for simple goods and services.

189. (C) The demand for emergency medical care is typically highly price-elastic.
In health economics, the demand for emergency medical care is typically considered highly price-inelastic, meaning that the quantity demanded does not change much with a change in price. This is because patients in emergencies have no choice but to seek care regardless of cost. Other key concepts include supplier-induced demand, where doctors influence service use, and single-payer systems funded by government. Direct payments by individuals for their care are known as out-of-pocket expenditures, which are common in many health systems.

190. (A) Both A and R are true and R is the correct explanation of A.
The high price of patented drugs is a direct result of the patent system, which grants innovators a temporary monopoly on their new products. This legal protection allows pharmaceutical companies to charge higher prices to recoup the substantial costs of research and development and to generate a profit. While this encourages future innovation, it also creates significant challenges for healthcare access and affordability. Balancing the need for innovation with the need for equitable access to medicine is a major policy challenge.

191. (A) Gain an in-depth, contextual understanding of a phenomenon.
The primary aim of qualitative research is to explore and understand the deep, contextual meaning of social phenomena from the perspective of the participants. Unlike quantitative research, which focuses on measurement and statistical generalization, qualitative methods prioritize the richness and complexity of human experience. This approach is essential for answering "how" and "why" questions, providing a detailed understanding of the subjective experiences and social processes that shape health, illness, and the delivery of healthcare services.

192. (B) Grounded Theory
Grounded Theory is a qualitative methodology that involves the systematic generation of theory through the analysis of data collected from participants. It is an inductive process where the researcher does not begin with a pre-set theory, but instead allows concepts and theoretical frameworks to emerge as they identify patterns and relationships within the data. This approach ensures that the resulting theory is directly "grounded" in the real-world experiences and social processes being studied by the researcher.

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prestige, can be used to avoid risks and adopt healthy behaviors regardless of the specific disease threat. Because those with higher status always have better access to these resources, the health gap between different social classes remains even as medical knowledge advances.

207. (A) The structural constraints on their behavior.
A health intervention focusing only on education without addressing environmental barriers like food deserts fails to account for structural constraints. Individual choices are always limited by the resources and opportunities available in one's environment. Without access to affordable healthy food, education alone cannot lead to behavior change. Recognizing these structural limits is essential for public health, as it highlights that individual actions are embedded within social and economic conditions that must also be addressed to improve health outcomes.

208. (B) A random distribution of genetic factors across the population.
The social gradient in health is a persistent pattern that is not explained by a random distribution of genetics. Instead, it is rooted in systematic differences in lifestyle behaviors, cumulative exposure to disadvantage over the life course, and unequal access to resources and healthcare across different social classes. The consistent stepwise relationship between social position and health outcomes highlights that health is deeply patterned by the social and economic organization of society rather than just individual biological chance.

209. (B) The higher rates of mortality and morbidity among racially segregated and disinvested communities.
The health disparities observed in racially segregated and disinvested communities are a direct consequence of social structure. This macro-level organization of society, characterized by the unequal distribution of power, resources, and opportunities, creates environments that are harmful to health. These higher rates of morbidity and mortality are not the result of individual choice but are the product of systemic social arrangements that systematically disadvantage certain groups based on race and class, reflecting the profound health impact of societal organization.

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210. (A) (iii), (ii), (v), (iv), (i)
The social-ecological model organizes health influences into levels from micro to macro. The individual level is the most micro, followed by interpersonal relationships with family and peers. Organizational factors, such as school or work, and community-level factors, like social cohesion and trust, represent broader spheres of influence. Finally, public policy at the national or local level is the most macro level, shaping the entire environment. This hierarchical structure helps identify the diverse layers of influence affecting an individual's health.

211. (C) Medicalization
Medicalization is the sociological process of redefining human experiences and conditions as medical problems that require professional diagnosis and treatment. This has historically included normal life events such as aging, childbirth, and various types of social behavior. While this can provide access to resources and help, it can also lead to an over-reliance on medical intervention for issues that may have significant social or psychological roots, shifting the focus away from non-medical causes and broader social changes within the healthcare environment.

212. (D) Merit good, something society feels individuals should have regardless of their ability to pay.
Healthcare is often treated as a merit good in economics, reflecting the societal belief that access to basic medical services is an essential right that should not be determined solely by wealth. Because health is fundamental to well-being and life itself, governments often intervene in the market to ensure that everyone can access care, regardless of their individual ability to pay. This intervention is a major feature of most modern healthcare systems, aiming to promote social equity and public welfare.

213. (C) It can create catastrophic financial hardship for individuals with serious illnesses and act as a major barrier to seeking care.
Systems funded primarily through out-of-pocket payments create significant financial risks for individuals, especially those with serious or chronic illnesses. The direct cost of services can be a major barrier, preventing people from seeking

of the medical system, and communicate effectively with healthcare providers. This health literacy allows individuals to make more informed decisions and engage in preventive care, illustrating how education provides the intellectual tools necessary to maintain and protect one's health throughout life.

172. (B) The health of members of marginalized groups deteriorates more rapidly with age due to the cumulative impact of social and economic adversity.
The weathering hypothesis suggests that members of socially and economically marginalized groups experience more rapid health decline as they age. this is due to the cumulative physiological and psychological toll of living with chronic stress, discrimination, and economic insecurity. This concept explains why members of disadvantaged groups often have higher rates of age-related illnesses earlier in life than more privileged individuals, highlighting the lasting biological impact of persistent social and economic adversity.

173. (C) Occupation and income security.
The situation of a low-wage worker going to work while ill due to lack of paid sick leave illustrates the link between occupation and health. Precarious jobs with low income and no security force individuals to make difficult choices between their health and their livelihood. This can lead to worsening individual conditions and the potential spread of infection in the community. This scenario demonstrates how the nature of one's employment is a critical structural determinant of health and economic well-being.

174. (D) The social gradient in health means that there is a stepwise relationship between SES and health, not just a difference between the very rich and very poor.
The social gradient in health is a robust phenomenon showing that health status is linked to social position across the entire population. It is not just a gap between the extremely wealthy and the extremely poor; rather, health improves at each incremental step up the social hierarchy. This indicates that socioeconomic status influences health through a continuous and pervasive relationship, affecting almost everyone in society and emphasizing the need for broad policies to address social inequality.

175. (B) (i), (ii), (iii), and (iv)
An individual's position in the social structure has profound implications for their health through several key pathways. These include differential access to material resources, varying exposure to psychosocial stressors like discrimination, and disparities in the quality of healthcare received. Furthermore, social position determines the power individuals have to influence their own living conditions. These structural factors collectively shape the opportunities and risks that define an individual's health trajectory, while non-scientific concepts like astrology have no such influence.

176. (B) The process by which non-medical problems become defined and treated as medical problems.
Medicalization is a sociological concept describing the process where social, behavioral, or natural human conditions are redefined as medical disorders requiring professional intervention. This can include anything from hyperactivity in children to the natural processes of aging and childbirth. While medicalization can bring helpful attention and resources to certain issues, it can also lead to over-diagnosis, increased medical control, and the neglect of the underlying social causes of human behavior and distress.

177. (B) A positive externality, by contributing to herd immunity.
When a government funds an immunization program, it recognizes that vaccination provides benefits beyond the individual recipient. By reducing the overall number of people who can contract and spread a disease, vaccination creates herd immunity, protecting those who cannot be vaccinated. This is a classic example of a positive externality in health. Because individuals may not fully account for these social benefits when making their own choices, government intervention is often necessary to achieve optimal vaccination levels.

178. (A) A doctor's use of a stethoscope to listen to a patient's breathing.
The intersection of political and economic aspects of health is seen in debates over national

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systematic approach ensures that the research is rigorous and that the final interpretations are well-supported by the evidence collected throughout the study, providing meaningful insights into the social world.

221. (C) The confidence in the truth of the research findings, as judged by the participants and context in which the research was conducted.
Credibility is a cornerstone of rigor in qualitative research, referring to the extent to which the findings are believable and accurately represent the phenomena being studied. It is often achieved through methods like prolonged engagement with participants, triangulation of data sources, and member checking, where participants review and validate the researcher's interpretations. By ensuring credibility, qualitative researchers can demonstrate that their findings are an authentic reflection of the lived experiences and social contexts they have explored.

222. (D) Phenomenology
To understand the core meaning of a concept like a "good death" from a specific perspective, phenomenology is the most appropriate qualitative approach. This method focuses on capturing the essence of a lived experience and the subjective meanings individuals attach to it. By conducting in-depth interviews with hospice nurses, a phenomenological study can reveal the shared and unique interpretations of this significant experience, providing deep insights into the human and professional dimensions of end-of-life care and supportive services.

223. (A) Some participants may dominate the discussion, or individuals may be hesitant to share dissenting or sensitive views.
Focus groups are valuable for exploring group dynamics and diverse opinions, but they have inherent limitations. In a group setting, more vocal participants may dominate the conversation, potentially silencing others. Furthermore, individuals may be less willing to share sensitive personal information or dissenting views due to social pressure or a lack of privacy. Researchers must be aware of these challenges and use skilled moderation to ensure that all voices are heard and that the group dynamic is managed effectively.

224. (B) Resource mobilization and advocacy
Helping a non-English speaking patient find an interpreter is an act of both resource mobilization and advocacy. The social worker is linking the patient with a necessary resource that is essential for their care and also advocating for their right to understand and participate in their medical treatment. This action addresses a significant cultural and linguistic barrier to health, ensuring that the healthcare system is responsive to the specific needs of a diverse patient population and promoting health equity.

225. (B) Recognizes the interplay of biological, psychological, and social factors in a client's life.
The social work approach in healthcare is fundamentally holistic because it adopts a biopsychosocial perspective. It recognizes that an individual's health is determined by the complex interaction of their physical symptoms, emotional state, and social and environmental conditions. By addressing all these dimensions, social workers provide a more comprehensive level of care that moves beyond the medical diagnosis to consider the whole person and the various social forces that influence their health and well-being.

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226. (A) To understand the various social, psychological, environmental, and financial factors impacting a patient's health and well-being.
A psychosocial assessment is a vital tool used by health social workers to evaluate the non-medical influences on a patient's health. This comprehensive assessment considers factors like family support, economic stability, housing, and coping abilities. By identifying these influences, the social worker can identify potential barriers to recovery and develop an intervention plan that addresses the patient's holistic needs. This ensures that the social and environmental context is integrated into the overall plan for medical care and recovery.

227. (C) Maintaining professional distance by avoiding all emotional connection with clients
Social work practice is guided by core values such as social justice, respect for the dignity of the person, and the importance of human relationships. While maintaining professional boundaries is essential, social workers do not

avoid all emotional connections; instead, they use empathy and therapeutic relationships to support their clients. These values ensure that social work practice remains compassionate, ethical, and focused on empowering individuals and promoting fairness within the healthcare system and the broader social and economic environment.

228. (D) The conditions associated with lower socio-economic status (e.g., stress, poor nutrition) cause poor health.
The social causation hypothesis argues that the conditions of life associated with low socioeconomic status are the primary drivers of poor health outcomes. Factors such as chronic stress, inadequate nutrition, poor-quality housing, and limited access to healthcare are seen as causing illness in individuals with lower SES. This perspective highlights the role of environmental and social disadvantage as fundamental determinants of health disparities, emphasizing that improving population health requires addressing the underlying social origins of disease.

229. (C) Public Policy
A tax on sugary drinks is a clear example of a policy intervention at the most macro level of the social-ecological model. This public policy aims to influence individual behavior and improve health across the entire population by changing the economic environment. By increasing the cost of unhealthy products, the government uses its regulatory power to discourage harmful consumption and promote public wellness, illustrating how broad societal-level changes can be used as effective tools for health promotion.

230. (A) (iii), (i), (iv), (ii)
Theories of disease causation have evolved significantly over time. Early understandings were often rooted in humoral or supernatural beliefs. The rise of scientific medicine led to Germ Theory in the 19th century, which then evolved into the more standardized Biomedical Model. In the late 20th century, the Biopsychosocial Model emerged as a more holistic alternative that integrates biological, psychological, and social factors. This chronological progression reflects the growing complexity of our understanding of health and illness in society.

231. (D) Intersectionality
Intersectionality is a framework for understanding how different social identities, such as race, gender, class, and disability, overlap and intersect to create unique experiences of both privilege and discrimination. In health research, an intersectional approach is essential for identifying how multiple forms of social inequality can work together to produce specific patterns of health disparities. This perspective recognizes that individuals belong to multiple social groups simultaneously and that these intersecting identities profoundly shape their health trajectories and experiences.

232. (A) An individual with a persistent cough making an appointment to see a doctor.
Health-seeking behavior refers to the specific actions taken by an individual who perceives symptoms to get an explanation and a remedy for their problem. Seeking medical advice for a persistent cough is a classic example of this behavior. It is part of the broader process of illness behavior, focusing on how individuals interact with the healthcare system after they first feel that something is wrong. Understanding these actions is critical for investigating how people use health services and identifying barriers.

233. (A) Both Statement I and Statement II are true.
Cost-benefit analysis and cost-effectiveness analysis are two different methods for economic evaluation. CBA requires measuring both costs and benefits in monetary terms, which can raise ethical issues when valuing human life. CEA avoids this by using a common non-monetary health unit, like cost per life-year saved, to compare different programs. Both methods provide valuable tools for decision-makers who must allocate limited health resources efficiently while balancing ethical considerations and population health needs within a system.

234. (A) To label and categorize segments of text or data to identify emerging themes and patterns.
Coding is a foundational process in qualitative data analysis that involves systematically labeling segments of data, such as interview transcripts, to identify key concepts and themes. This method allows researchers to organize large amounts of text and find recurring patterns of meaning that are relevant to their research question. Unlike

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assigning numerical values for statistics, coding in qualitative research is about identifying and making sense of the complex social and psychological meanings contained within the data.

235. (D) A pathology-focused or deficit-based model.
The strengths-based perspective in social work is a direct alternative to models that focus primarily on an individual's deficits, problems, and pathologies. Instead of starting with what is "wrong" with a client, the strengths-based approach identifies and mobilizes their inherent talents, resources, and resilience. This perspective empowers individuals to overcome challenges by highlighting their own capabilities and fostering a more positive and collaborative relationship that encourages proactive problem-solving and long-term well-being in their lives.

236. (B) Social epidemiology
Social epidemiology is a branch of epidemiology that focuses on how social-structural factors influence the distribution of health and disease in a population. It investigates the ways in which social class, race, gender, and social networks determine who gets sick and why. By examining these broad social determinants, social epidemiology provides a critical understanding of the social patterning of disease, helping to identify the root causes of health disparities and inform public health policies to address them.

237. (C) A clear social gradient in health and mortality even within a population of employed individuals with access to the same healthcare.
The Whitehall Studies were landmark research that demonstrated a clear social gradient in health among British civil servants. Even within a group of employed individuals with access to the same universal healthcare, those in lower occupational grades had significantly higher mortality rates than those at the top. This finding was groundbreaking because it proved that health inequalities are not just about extreme poverty or healthcare access, but are profoundly shaped by an individual's position within a social hierarchy.

238. (D) The controlled distribution of scarce healthcare resources.
Rationing is a necessary feature of all healthcare systems because the demand for medical services always exceeds the available resources. It involves making difficult decisions about how to distribute limited budgets, time, and personnel among various health programs and individual patients. Rationing can occur through various mechanisms, such as price, waiting lists, or clinical guidelines. Understanding how rationing occurs is essential for evaluating the fairness and efficiency of a health system and its ability to meet population needs.

239. (A) The Transtheoretical Model (Stages of Change)
The Transtheoretical Model, also known as the Stages of Change, provides a framework for understanding the process of health behavior change. It identifies several stages, from precontemplation to action and maintenance, that an individual moves through as they adopt a new healthy habit. The model emphasizes that individuals are at different levels of readiness to act and provides specific strategies to help them progress through the stages, making it a valuable tool for designing personalized health interventions.

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240. (B) (ii), (iii), (i)
Healthcare financing models vary in their degree of collective funding versus individual responsibility. The Beveridge Model is the most socialized, as it is funded by the government through general taxation for all citizens. The Bismarck Model relies on social insurance through payroll deductions, representing a middle ground. The Out-of-Pocket Model is the most privatized, as individuals must pay directly for the care they receive. This spectrum of models reflects different societal values regarding equity and health responsibility.

241. (B) Ethnography
Ethnography is a qualitative research approach dedicated to describing and interpreting the shared values, beliefs, and social practices of a particular cultural group. This method typically involves long-term immersion and participant observation, allowing the researcher to gain an "insider" perspective on how the group understands their world. By providing a rich and detailed account of a community's culture, ethnography helps researchers understand the

social context of health and the unique ways in which different groups experience illness.

242. (A) Resource mobilization
Resource mobilization is a core social work activity that involves identifying and connecting clients with the practical services they need to maintain their well-being. This can include linking individuals with housing assistance, food stamps, transportation, or other essential social services. By mobilizing these resources, social workers help address the environmental and economic barriers that prevent people from leading healthy lives. This practical support is a vital component of holistic care, ensuring that a client's basic needs are met.

243. (C) The availability of good medical care tends to be inversely related to the need for it in the population served.
The inverse care law states that the availability of high-quality medical care is often lowest in the populations where the need is greatest. This phenomenon is a significant driver of health inequalities, as disadvantaged groups with higher burdens of disease often face the most limited access to health resources and services. Addressing this imbalance is a major goal of health policy and planning, aiming to ensure that healthcare is distributed more equitably according to need rather than wealth.

244. (D) It is shaped by educational background and is essential for navigating the healthcare system.
Health literacy refers to an individual's ability to obtain, understand, and use health information to make informed decisions. It is a critical social determinant because it is primarily shaped by educational background and influences how people interact with the healthcare system. Those with low health literacy may struggle to follow medical advice, manage chronic conditions, or use preventive services, illustrating how educational and cognitive skills are fundamental tools for maintaining and improving overall health in a complex world.

245. (C) Statement I is false, but Statement II is true.
In Grounded Theory research, the approach is inductive rather than deductive. Instead of starting with a pre-set theory to test, the researcher allows the theory to emerge directly from the data through a process of constant comparison and identifying patterns. This ensures that the final theoretical framework is deeply rooted in the actual experiences and social processes described by the participants. This method is valuable for developing new insights and theories that are grounded in the real-world context.

246. (B) Confirmability (Qualitative) : Statistical Power (Quantitative)
The criteria for quality in research differ between qualitative and quantitative methodologies. Confirmability in qualitative research refers to the extent to which the findings are grounded in the data and not the researcher's imagination, comparable to objectivity. It is not equivalent to statistical power, which is a quantitative measure of a study's ability to detect an effect. Other qualitative concepts like credibility, transferability, and dependability have direct, though fundamentally different, counterparts in quantitative validity and reliability in social research.

247. (D) Adjustment and coping support
In a chronic illness setting like a dialysis unit, social workers provide essential support for patients and families adjusting to significant life changes. This role involves helping them cope with the emotional and practical demands of ongoing medical treatment and the lifestyle restrictions it imposes. By providing counseling and support, the social worker helps the individual and their family develop resilience and manage the psychosocial challenges of living with a long-term condition, enhancing their overall quality of life.

248. (A) Highlights that health and disease are not just individual biological events but are profoundly shaped by social context.
The most significant contribution of social science to health is the recognition that human health is a social phenomenon. By moving beyond a purely biological or clinical perspective, social sciences show how socioeconomic status, culture, political decisions, and environmental conditions profoundly influence patterns of disease and the experience of illness. This perspective provides a critical and more holistic understanding of health, emphasizing the need

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to address the social origins of disease alongside technical medical treatments for better outcomes.

249. (C) Cultural competence and reduce health disparities.
Training staff on the cultural beliefs of their community is a direct effort to improve cultural competence within a healthcare organization. This initiative aims to enhance the quality of care and build trust with patients from diverse backgrounds, which can help reduce health disparities caused by cultural misunderstandings or systemic biases. By ensuring that services are respectful of and responsive to cultural needs, healthcare organizations can provide more equitable care and improve health outcomes for all members of the population.

250. (B) (ii), (iii), (iv), (i)
Social theories of health describe a causal pathway where an individual's social-structural position determines their exposure to specific risk factors. This exposure then triggers a physiological response within the body, which can eventually lead to a poor health outcome or chronic disease. This pathway illustrates how the "causes of the causes," rooted in macro-level social inequality, translate into biological processes that ultimately shape the distribution of health and illness in a population, highlighting the structural origins of individual disease.

251. (B) To understand health disparities and inform equitable public health policy.
Integrating social sciences into health studies moves the focus beyond biological mechanisms toward a comprehensive biopsychosocial framework. This approach is primarily significant because it allows researchers to investigate the complex social causes behind health disparities. By analyzing these factors, it becomes possible to design public health policies that effectively address root inequities and promote more equitable health outcomes.

252. (A) As choices significantly shaped by social and economic contexts.
Within a social science framework, individual lifestyle choices such as diet and exercise are not viewed as isolated personal decisions. Instead, these behavioral factors are understood as being heavily influenced by the surrounding social and economic environments. Factors like income and community resources shape the opportunities available to individuals, making behaviors a reflection of their broader life circumstances.

253. (C) fails to account for the societal conditions that shape health and disease.
The biomedical model of health primarily focuses on physiological and pathological processes within the individual body. This perspective is considered limited because it overlooks the profound influence of societal conditions on well-being. A more holistic approach is necessary to understand how social, economic, and cultural environments determine health outcomes and create the conditions under which diseases emerge and spread.

254. (D) The correlation between employment status and access to healthcare.
Economic factors directly impact health by determining the availability of essential resources and services. Employment status serves as a critical economic indicator because it often correlates with the ability to afford medical care and obtain health insurance. This relationship illustrates how financial stability dictates an individual's level of access to healthcare systems and overall nutritional standards within a society.

255. (C) tackling the underlying social and economic causes of poor health.
The transition toward a biopsychosocial framework emphasizes that health is shaped by a complex interplay of biological, psychological, and social factors. Consequently, effective interventions must move beyond treating clinical symptoms. By prioritizing the mitigation of underlying social and economic drivers of disease, public health efforts can address the fundamental causes of poor health rather than just the outcomes.

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256. (B) Social conditions are fundamental determinants of disease distribution.
Social theories of disease causation argue that health outcomes are not randomly distributed but are shaped by broader social structures. These theories posit that social conditions act as fundamental causes that dictate how illness is spread across different populations. This perspective shifts the focus from individual

CHAPTER 05

Epidemiology of Common Health Problems in India and National Health Programmes

1. Which of the following is an example of a re-emerging infectious disease in the Indian context?
(A) Zika virus
(B) Diphtheria
(C) COVID-19
(D) Nipah virus infection

2. Given below are two statements.
Statement I : Non-Communicable Diseases (NCDs) are primarily caused by infectious agents and can be transmitted from person to person.
Statement II : Cardiovascular diseases, diabetes, and cancers are major NCDs contributing significantly to the mortality rate in India.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

3. What is the most appropriate definition of Antimicrobial Resistance (AMR)?
(A) The inherent, natural resistance of a microorganism that prevents it from being affected by a particular antimicrobial agent.
(B) The scientific process of researching and developing entirely new antibiotic classes to effectively combat existing microorganisms.
(C) The developed resistance of a microbe to an antimicrobial drug that was previously effective for treating its infections.
(D) The total failure of the host's primary immune system to mount an effective biological response against a specific microbial infection.

4. Which category of disaster does a major road traffic accident involving multiple vehicles fall under?
(A) Natural disaster
(B) Meteorological disaster
(C) Geological disaster
(D) Man-made disaster

5. Which of the following is NOT a primary cause of blindness in India as targeted by the National Programme for Control of Blindness?
(A) Cataract
(B) Refractive errors
(C) Otitis media
(D) Glaucoma

6. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : Hospital Acquired Infections (HAIs) pose a significant threat to patient safety in healthcare settings.
Reason (R) : HAIs are infections that patients acquire while receiving treatment for other conditions within a healthcare facility, often caused by multi-drug resistant organisms.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

7. A 55-year-old male, a smoker for 30 years, presents with a persistent cough and has been diagnosed with Chronic Obstructive Pulmonary

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economic position determines the level of physical risk they face in daily life.

265. (A) Implementing policies that address fundamental social and economic inequities.
Effectively reducing health inequalities requires looking beyond the healthcare sector alone. Since these disparities are rooted in the social structure, policies must address the fundamental economic and social inequities that determine an individual's position. By tackling structural issues like income inequality and educational access, society can move toward more equitable health outcomes and close the gap between different socio-economic groups.

266. (B) how political and economic systems influence health and healthcare.
The political economy of health explores the dynamic relationship between political power, economic systems, and health outcomes. This field analyzes how government policies and economic ideologies determine the distribution of resources and the structure of health services. By examining these broad systemic influences, researchers can better understand why certain health issues persist and how societal power structures impact population well-being.

267. (B) The government's ideological position on state versus market roles.
The design of a nation's healthcare system is heavily influenced by the prevailing political ideology regarding the role of the state. Governments must decide whether to prioritize a publicly funded universal system, a market-based private model, or a hybrid approach. These decisions reflect political beliefs about resource allocation and the extent to which the government should intervene in the healthcare market.

268. (A) influencing employment conditions and income distribution.
Economic policies, such as labor regulations, have significant indirect consequences for the health of a population. These regulations shape the nature of employment conditions and play a role in determining how income is distributed across society. Since income and work environments are fundamental drivers of health, these economic decisions ultimately impact the overall well-being and life expectancy of individuals.

269. (C) They exert influence on health policy to align with their commercial objectives.
Corporate interests, particularly within the pharmaceutical and food industries, often play a significant role in shaping health policy. Through activities such as lobbying, these powerful economic actors attempt to influence government decisions to favor their own commercial goals. This influence highlights how economic interests can sometimes take precedence over public health needs, potentially affecting the overall direction of health systems.

270. (D) existing societal power imbalances and political interests.
From a political economy perspective, health systems are not merely technical structures built on scientific knowledge. Instead, they often reflect the underlying power imbalances and political interests present within a society. The way resources are allocated and services are delivered reveals which groups hold influence and how political ideologies prioritize certain health outcomes over others for different segments of the population.

271. (C) Health perceptions strongly influence the health behaviors an individual adopts.
Health perceptions represent the subjective ways in which individuals interpret illness and well-being. These internal understandings act as a major driver for health behavior, which encompasses the actions people take regarding their health. Whether a person chooses to seek medical care or engage in exercise depends largely on their own beliefs and perceptions about the severity and susceptibility of diseases.

272. (B) a combination of cultural, social, and personal factors.
Perceptions of health and illness are not universal or biologically determined. Instead, they are complex constructs shaped by an individual's cultural background, social class, and education. Personal experiences also play a critical role in how people evaluate bodily sensations. Together, these social and personal factors create a unique framework through which individuals

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biological agents to the societal processes that generate pathology and foster population-level health trends.

257. (D) By suggesting that social factors determine exposure to risk and resistance to disease.
While social theories do not deny the existence of pathogens, they contextualize biological processes by highlighting how social environments influence vulnerability. These frameworks argue that an individual's social position determines their level of exposure to various health risks. Furthermore, social resources significantly impact the capacity to resist disease, suggesting that biological responses are fundamentally embedded within a larger social context.

258. (A) a theory of social stratification.
Theories of social stratification explain how health outcomes are linked to an individual's specific position within a societal hierarchy. These theories suggest that factors such as power, prestige, and resource access create a gradient where health improves as one moves up the social ladder. This framework identifies the structural distribution of resources as a primary cause of unequal health distribution.

259. (C) The social theory approach examines broader social structures, while the biomedical approach focuses on individual-level pathogens.
A primary distinction between these two approaches lies in their level of analysis. The biomedical model typically centers on individual-level biological mechanisms and specific pathogens. In contrast, the social theory approach explores how large-scale social structures and processes create the conditions for illness. This broader perspective allows for an understanding of how social environments fundamentally influence patterns of human health.

260. (A) modify social environments to reduce health risks.
Interventions rooted in social theories of causation aim to address the environmental and structural factors that contribute to disease. Rather than focusing exclusively on individual behaviors or biological treatments, these strategies seek to alter social environments. By changing the conditions in which people live and work, these interventions attempt to reduce overall health risks and improve outcomes across the population.

261. (D) better health is consistently associated with higher socio-economic status.
The concept of the social gradient describes a persistent pattern where health outcomes improve as socio-economic status increases. Individuals at the top of the social hierarchy typically enjoy better health and longer life expectancies compared to those at lower levels. This observation underscores the fact that health is not distributed randomly but follows a predictable path based on socio-economic standing.

262. (B) Political affiliation.
Socio-economic status is a multi-dimensional construct used to categorize individuals within a social structure. Standard metrics for determining this status include income levels, educational attainment, and occupational categories. These factors collectively shape an individual's access to resources and life chances. Political affiliation, while important in other contexts, is not typically used as a direct measure of an individual's socio-economic status.

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263. (C) the cumulative impact of differential exposure to risks and resources.
Health disparities linked to socio-economic status arise from the complex interplay of various factors over an individual's lifetime. Lower status often leads to increased exposure to harmful environments and fewer health-promoting resources. The cumulative effect of these unequal exposures and resource access creates significant and persistent health gaps. This suggests that disparities result from structural inequities rather than single isolated events.

264. (D) Greater exposure to hazardous working conditions.
Lower socio-economic status impacts health through several negative mechanisms, including increased exposure to environmental hazards. Individuals with lower income or education levels are more likely to work in dangerous or unhealthy environments. These hazardous working conditions contribute directly to poor health outcomes, illustrating how an individual's

281. (A) To gain a deep, contextual understanding of human experiences with health.
Qualitative research in the health sciences aims to explore the subjective meanings and complexities of human experiences. Unlike quantitative methods that seek statistical trends, qualitative approaches focus on understanding the "why" and "how" of social phenomena. By gathering rich narrative data, researchers can achieve a deep, contextual understanding of how individuals and groups perceive and navigate health, illness, and medical systems.

282. (B) How do elderly patients experience the transition to assisted living?
Qualitative methodology is best suited for research questions that explore lived experiences, perspectives, and personal journeys. Investigating how elderly patients experience a significant life transition allows for the collection of rich, narrative data that captures the nuances of their feelings and social reality. This focus on individual meaning-making is a hallmark of qualitative inquiry, distinguishing it from purely numerical or statistical analysis.

283. (B) exploring complex issues like cultural meanings and patient experiences.
Qualitative research provides unique value by uncovering the cultural meanings of disease and the subjective experiences of patients within the healthcare system. It is particularly effective for identifying barriers to care and understanding community social dynamics. These complex issues require the depth and context that narrative data provides, helping to inform the development of more patient-centered and culturally sensitive healthcare policies.

284. (A) combining both methods can provide a more comprehensive understanding.
Using qualitative and quantitative methods in a complementary fashion allows researchers to leverage the strengths of both approaches. While quantitative data provides statistical breadth and generalizability, qualitative data offers depth and contextual insight. Integrating these different types of evidence in mixed-methods research results in a more complete and nuanced picture of complex health issues, leading to better-informed interventions and strategies.

285. (C) a qualitative research methodology.
In-depth interviews are a core method within qualitative research designed to elicit detailed personal stories and perspectives. By speaking directly with survivors about their unique journeys, a researcher can capture the rich, subjective realities of illness. This approach prioritizes deep understanding over numerical measurement, making it a clear application of qualitative methodology focused on the nuanced human experience of navigating a health crisis.

286. (D) person-in-environment perspective.
The social work approach in healthcare is rooted in the person-in-environment perspective. This framework recognizes that an individual's health is deeply connected to their social, emotional, and physical surroundings. Instead of viewing a patient in isolation, social workers analyze how various external contexts influence well-being. This perspective allows for a more holistic understanding of the barriers and supports affecting a person's recovery.

287. (C) The social work approach addresses psychosocial factors, while the clinical approach may focus primarily on the medical condition.
A key difference between these two approaches lies in their primary focus. While a clinical approach often centers on the biological diagnosis and medical treatment of a disease, the social work approach prioritizes psychosocial factors. Social workers address non-medical issues such as emotional distress and social support, ensuring that the patient's broader life circumstances are considered alongside their clinical care needs.

288. (B) Linking patients to community resources.
A fundamental role of social workers in healthcare settings is to connect patients with essential external supports. This involves identifying community resources, such as financial assistance programs, home care services, or support groups, that can help address non-medical needs. By mobilizing these resources, social workers help bridge the gap between clinical treatment and the patient's everyday environment, facilitating a more successful recovery.

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understand and respond to their own health status.

273. (D) Visiting a doctor when experiencing symptoms.
Illness behavior refers specifically to the actions individuals take once they perceive symptoms of a disease. This includes seeking a diagnosis or medical treatment to restore health. Unlike health-promoting actions like exercise, illness behaviors are reactive responses to perceived poor health. Visiting a doctor is a classic example of this behavior, as it represents an effort to evaluate and address a condition.

274. (A) it may not align with the target population's underlying beliefs and perceptions.
Providing factual information is often insufficient for changing health behaviors if that information does not resonate with people's existing beliefs. If a public health campaign ignores the subjective perceptions and cultural realities of a community, its message may be rejected. Successful interventions must account for the socio-cultural context in which health perceptions are formed to ensure communication strategies are truly effective.

275. (C) perception of their susceptibility to the disease and the benefits of vaccination.
The decision to engage in a health action, such as getting vaccinated, is a complex process driven by internal evaluations. Individuals typically weigh their perceived susceptibility to a particular disease against the perceived benefits of the intervention. Barriers to action also play a role. These subjective perceptions, rather than just raw facts or income alone, guide the choices people make regarding medical treatments.

276. (A) The scarcity of resources relative to the demand for health services.
Health economics is built on the reality of scarcity, where the demand for healthcare services exceeds the finite resources available. Resources such as funding, personnel, and medical technology are limited, necessitating difficult choices regarding their distribution. The field provides frameworks to manage this imbalance, ensuring that limited inputs are used efficiently and fairly to maximize the health benefits for the entire population.

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277. (D) distributing resources to produce the mix of services most valued by society.
Allocative efficiency is a concept in health economics focused on the optimal distribution of resources among competing uses. It involves making decisions that result in a combination of goods and services that best reflect societal values and needs. This type of efficiency ensures that healthcare spending is directed toward those areas where it can provide the greatest overall benefit and social utility.

278. (B) The fairness in the distribution of health and healthcare.
In the context of health economics, equity refers to the fairness and justice in how health outcomes and healthcare services are distributed among different groups. While efficiency focuses on maximizing output, equity focuses on ensuring that no individual or community is unfairly disadvantaged. This concept is vital for evaluating whether a health system serves all members of society in a balanced way.

279. (C) Performing an economic evaluation of a new intervention.
A cost-effectiveness analysis is a specialized tool used by health economists to perform economic evaluations of medical treatments or public health interventions. This process compares the relative costs and outcomes of different options to determine which provides the best value. Such analyses are essential for making informed decisions about which new drugs or technologies should be integrated into the healthcare system.

280. (D) Because the resources for healthcare are finite while the demand is not.
Resource allocation is necessary in healthcare because society faces an inherent conflict between unlimited demand and limited supply. While people's needs for health services are virtually boundless, the funds, equipment, and staff required to meet them are strictly finite. Consequently, choices must be made to decide which services are prioritized, ensuring that the most effective and necessary treatments are provided.

pathways. Individuals with limited financial resources often experience poor nutrition and reside in unhealthy environments. Additionally, the constant pressure of financial instability leads to heightened psychosocial stress. These combined factors increase the risk of developing both chronic and infectious diseases, demonstrating how economic hardship translates into physical and mental health challenges.

298. (B) By creating financial barriers to care due to lack of insurance and out-of-pocket costs.
Economic aspects of the healthcare system can worsen the health problems of low-income individuals by making medical care unaffordable. Those with low socio-economic status are less likely to have adequate insurance, leading to significant out-of-pocket expenses. These financial barriers often prevent timely and quality care, and catastrophic medical costs can push vulnerable households even further into a state of deep poverty.

299. (B) A decrease in labor productivity that can stifle economic growth.
From a macroeconomic perspective, a high burden of disease within a population has serious consequences for national development. Widespread illness reduces the overall productivity of the labor force, as fewer people are healthy enough to work effectively. This decline in productivity, coupled with increased healthcare expenditures, can stifle economic growth, showing how population health is a fundamental driver of a nation's prosperity.

300. (A) Policies to reduce disease prevalence and policies to alleviate poverty.
Effectively tackling the link between poverty and poor health requires a dual approach that addresses both issues simultaneously. Public health policies must aim to reduce the prevalence of disease, while economic policies must focus on alleviating poverty and removing financial barriers to healthcare. By combining these efforts, society can address both the causes and the consequences of health-related economic inequalities.

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289. (D) improving treatment adherence and reducing readmissions.
By addressing the psychosocial and environmental barriers to health, social workers contribute to significantly better outcomes for patients. Interventions that resolve financial or housing instability can lead to improved adherence to medical treatments. Consequently, this holistic support helps to prevent complications and reduce the likelihood of hospital readmissions, ultimately promoting the long-term well-being and stability of the individuals they serve.

290. (A) a patient advocate.
When social workers ensure that a patient's rights are respected and their voices are heard within the healthcare system, they are fulfilling the role of an advocate. Navigating complex medical environments can be difficult for patients, and social workers act as a crucial link to protect their interests. This advocacy ensures that the patient's needs and preferences remain central to the care process.

291. (C) It serves as a lens for interpreting illness and guiding health-related actions.
Culture plays a pervasive role in health by providing a shared system of beliefs and values. This cultural framework acts as a lens through which people interpret bodily sensations and define what it means to be ill. Furthermore, it guides individuals in choosing appropriate courses of action, significantly influencing their decisions about when and how to seek help for various conditions.

292. (A) A preference for consulting traditional healers before biomedical doctors.
Health-seeking behaviors are deeply embedded in the cultural norms of a community. In some cultures, there is a high value placed on traditional healers and herbal remedies, which can lead individuals to seek their help before or instead of consulting biomedical practitioners. This preference illustrates how cultural beliefs directly shape the pathways people take when they perceive they are in need of care.

293. (D) factor that can vary significantly across cultures.
Social stigma associated with specific diseases, such as mental illness, is not a universal constant but varies greatly between different cultural contexts. In some societies, a condition may carry heavy shame, while in others it might be viewed differently. This cultural variation in stigma has a profound impact on whether individuals feel comfortable seeking help, illustrating how cultural perceptions influence health-related behaviors.

294. (B) To deliver culturally competent care that is effective and respectful.
Acknowledging cultural factors is essential for healthcare systems to provide care that is both effective and respectful of diversity. Culturally competent care involves understanding and tailoring medical services to the specific beliefs and values of the populations served. By respecting these cultural dimensions, healthcare providers can improve communication and build trust, leading to better outcomes for patients from various cultural backgrounds.

295. (C) communication styles and family gender roles.
Cultural norms concerning communication styles and gender roles significantly influence the interaction between patients and healthcare providers. These factors determine who makes health-related decisions for a family and how information is exchanged during a medical consultation. Understanding these cultural dynamics is necessary for providers to communicate effectively and ensure that the healthcare experience is appropriate and supportive for the patient.

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296. (D) poor health diminishes earning capacity, which in turn reinforces low SES.
The relationship between socio-economic status and health is described as a vicious cycle because poor health and low income reinforce each other. Low socio-economic status leads to health-damaging conditions, which result in illness. This poor health then reduces an individual's ability to work and earn money, keeping them trapped in a cycle of poverty and disease that is difficult to break.

297. (A) Poor nutrition and heightened psychosocial stress.
Low socio-economic status contributes to higher disease prevalence through several direct

Disease (COPD). Which category of disease does this fall under?
(A) Communicable disease
(B) Genetic disease
(C) Emerging infectious disease
(D) Non-communicable disease

8. Identify the incorrect statement regarding Diabetes Mellitus in India.
(A) Diabetes is a communicable disease transmitted through blood contact.
(B) Type 2 diabetes is the most common form in the country.
(C) The prevalence of diabetes is increasing in both urban and rural areas.
(D) The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke addresses diabetes.

9. Match the following items in List I with those in List II.
List I: (Disease)
P. Tuberculosis
Q. Malaria
R. HIV/AIDS
S. Cholera
List II: (Primary Mode of Transmission)
1. Vector-borne (Mosquito)
2. Contaminated food and water
3. Airborne droplets
4. Sexual contact and blood
(A) P-3, Q-1, R-4, S-2
(B) P-1, Q-3, R-2, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

10. Which of the following occupational diseases is primarily caused by the inhalation of coal dust?
(A) Anthracosis
(B) Silicosis
(C) Asbestosis
(D) Byssinosis

11. What is the primary cause of Rheumatic Heart Disease (RHD)?
(A) A severe viral infection that directly damages the primary heart muscles.
(B) A structural congenital defect present at birth within the heart's valves.
(C) Persistent high blood pressure causing long-term, irreversible cardiac damage.
(D) An autoimmune response following a previous Group A streptococcal infection.

12. Consider the following statements about Emerging Infectious Diseases:
I. They are infections that have newly appeared in a population.
II. They include diseases whose incidence or geographic range is rapidly increasing.
III. COVID-19 is a prime example of an emerging infectious disease.
IV. They are always caused by bacteria and never by viruses.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) II, III and IV only
(D) I and IV only

13. The Integrated Disease Surveillance Programme (IDSP) in India primarily aims to:
(A) Provide advanced clinical treatment for patients suffering from chronic non-communicable diseases.
(B) Ensure the availability of free medicinal supplies for all categories of communicable diseases.
(C) Strengthen national disease surveillance systems for early detection and response to outbreaks.
(D) Conduct fundamental laboratory research regarding the complex genetic basis of human diseases.

14. Identify the correct pair of a genetic disease and its primary characteristic.
(A) Thalassemia - A hereditary disorder characterized by the absence of specific blood clotting factors.
(B) Down Syndrome - A chronic inherited condition affecting the basic physiological function of the lungs.
(C) Huntington's Disease - A complex genetic predisposition towards the development of Type 1 diabetes.
(D) Sickle Cell Anemia - A condition where red blood cells become misshapen and break down prematurely.

15. Given below are two statements.
Statement I : The National Mental Health

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Programme (NMHP) was launched to ensure the availability and accessibility of minimum mental healthcare for all.

Statement II : The Mental Healthcare Act, 2017, decriminalized suicide and aims to protect the rights of persons with mental illness.

(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

16. Arrange the following National Health Programmes in chronological order of their launch year (earliest to latest):

I. National Leprosy Control Programme
II. National AIDS Control Programme (Phase I)
III. Janani Suraksha Yojana (JSY)
IV. Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY)

(A) I, II, III, IV
(B) II, I, IV, III
(C) I, III, II, IV
(D) III, I, II, IV

17. Which of the following is the best example of a 'common source' epidemic?

(A) An outbreak of measles occurring among unvaccinated children in a primary school.
(B) A sudden spike in gastroenteritis cases among guests who attended a specific wedding.
(C) The gradual spread of seasonal influenza across a large country over several months.
(D) The slow and steady rise of tuberculosis cases within a densely populated urban slum.

18. In the context of disaster management, 'mitigation' refers to:

(A) Long-term measures taken to minimize the destructive effects of a specific hazard.
(B) Immediate emergency actions taken after a disaster strikes to save vulnerable lives.
(C) The complex process of rebuilding and restoring community infrastructure post-disaster.
(D) The strategic development of detailed plans to respond effectively to a major disaster.

19. Which of the following cancers is NOT a major focus under the population-based screening component of NPCDCS in India?

(A) Oral cancer
(B) Breast cancer
(C) Pancreatic cancer
(D) Cervical cancer

20. Consider the following statements regarding the National Vector Borne Disease Control Programme (NVBDCP):

I. It is an umbrella programme for the prevention and control of six vector-borne diseases.
II. Malaria, Dengue, and Chikungunya are covered under this programme.
III. It also includes the control of Japanese Encephalitis and Lymphatic Filariasis.
IV. The programme's primary focus is on controlling non-communicable diseases.
V. It promotes the use of insecticide-treated bed nets (ITNs) and long-lasting insecticidal nets (LLINs).

Which of the above statement(s) is/are correct?

(A) I, II, and IV only
(B) II, III, and V only
(C) I, II, III, and V only
(D) All of the above

21. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).

Assertion (A) : Uncontrolled hypertension is a major risk factor for cardiovascular diseases such as heart attack and stroke.

Reason (R) : Persistent high blood pressure damages the arterial walls, leading to atherosclerosis and increased workload on the heart.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

22. A health worker is educating a community about preventing diarrheal diseases. Which of

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the following interventions is most crucial to emphasize?
(A) Getting regular eye check-ups.
(B) Ensuring safe drinking water and practicing hand hygiene.
(C) Avoiding crowded places during flu season.
(D) Using mosquito repellents at night.

23. Which of the following is an example of a hospital acquired infection?
(A) A localized viral infection contracted from a family member in a household setting.
(B) A pediatric case of measles contracted within a standard primary school environment.
(C) Acute bacterial food poisoning resulting from contaminated meals at a public restaurant.
(D) A secondary urinary tract infection developing in a patient after hospital catheterization.

24. The term 'nosocomial infection' is synonymous with which of the following?
(A) Hospital acquired infection
(B) Emerging infectious disease
(C) Re-emerging infectious disease
(D) Occupational disease

25. The National Tuberculosis Elimination Programme (NTEP) in India has set a target to eliminate TB by which year?
(A) 2030
(B) 2047
(C) 2025
(D) 2035

26. Which statement correctly describes the relationship between Antimicrobial Resistance (AMR) and Hospital Acquired Infections (HAIs)?
(A) HAIs are often caused by resistant pathogens, making them difficult to treat.
(B) AMR is a specific clinical subtype of common hospital acquired infections.
(C) AMR and HAIs are entirely unrelated public health issues in modern medicine.
(D) Effective control of HAIs completely eliminates the global problem of AMR.

27. Match the following items in List I with those in List II.

List I: (National Health Programme)
P. National Programme for Control of Blindness & Visual Impairment (NPCBVI)
Q. National Mental Health Programme (NMHP)
R. National AIDS Control Organisation (NACO)
S. National Tobacco Control Programme (NTCP)

List II: (Main Objective)
1. To halt and reverse the epidemic of HIV/AIDS in India.
2. To reduce the prevalence of preventable blindness.
3. To create awareness about the harmful effects of tobacco consumption.
4. To ensure availability of minimum mental healthcare for all.

(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-4, R-1, S-3
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

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28. Which of the following is a primary prevention strategy for Type 2 Diabetes?
(A) Regular blood glucose monitoring for a diagnosed diabetic.
(B) Promoting a healthy diet and regular physical activity in the general population.
(C) Amputation of a limb with a non-healing diabetic foot ulcer.
(D) Administration of insulin injections.

29. Given below are two statements.
Statement I : Silicosis is a chronic fibrotic pulmonary disease caused by inhalation of crystalline silica dust.
Statement II : It is most commonly found among workers in mining, quarrying, and construction industries.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

30. Consider the following key components of a public health response to a major earthquake disaster:
I. Rapid needs assessment of the affected population.
II. Establishment of field hospitals and first aid posts.
III. Ensuring safe water supply and sanitation to prevent disease outbreaks.
IV. Long-term psychological counseling for survivors.
V. Rebuilding damaged infrastructure like roads and bridges.
Which of the above statement(s) is/are part of the immediate 'Response' phase of the disaster cycle?
(A) I, II, and III only
(B) IV and V only
(C) I, II, III, and IV only
(D) All of the above

31. Which of the following is an incorrect statement about the Pradhan Mantri Jan Arogya Yojana (PM-JAY)?
(A) It is a universal scheme covering every citizen of India irrespective of economic status.
(B) It is the world's largest government-funded health insurance scheme.
(C) It provides a health cover of up to ₹5 lakh per family per year.
(D) It covers both communicable and non-communicable diseases.

32. A 're-emerging disease' is best defined as a disease that:
(A) Has been newly discovered in a human population for the first time.
(B) Declined dramatically in the past but is now becoming a problem again.
(C) Is caused exclusively by bacterial agents that are resistant to drugs.
(D) Is transmitted from vertebrate animals to humans for the first time.

33. Which of these risk factors is common to cardiovascular diseases, diabetes, and many cancers?
(A) Exposure to ultraviolet radiation
(B) Unhealthy diet and physical inactivity
(C) Infection with human papillomavirus (HPV)
(D) Inhalation of asbestos fibers

34. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : The Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NHM).
Reason (R) : JSY aims to reduce maternal and neonatal mortality by promoting institutional delivery among poor pregnant women through conditional cash transfers.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

35. The National Family Health Survey (NFHS) is a crucial data source in India for information on:
(A) Monthly industrial production figures.
(B) Annual agricultural output.
(C) Population, health, and nutrition indicators.
(D) National gross domestic product (GDP).

36. Which of the following is NOT a component of the disaster management cycle?
(A) Mitigation
(B) Preparedness
(C) Response
(D) Escalation

37. Consider the following statements about common cancers in India:
I. Breast cancer is the most common cancer among women in urban India.
II. Cervical cancer can be effectively prevented through HPV vaccination.
III. Oral cancer is strongly linked to tobacco and areca nut chewing.
IV. Lung cancer is more common in non-smokers than smokers.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) III and IV only
(D) I, III and IV only

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38. The term 'zoonosis' refers to a disease that is naturally transmissible from:
(A) One person to another via airborne droplets.
(B) Vertebrate animals to humans.
(C) Contaminated water to humans.
(D) Hospital environments to patients.

39. A patient is diagnosed with cataract. What is the most effective and common treatment promoted under the National Programme for Control of Blindness & Visual Impairment?
(A) Use of daily pharmaceutical eyedrops designed to dissolve lens opacity.
(B) Continuous wearing of high-power corrective eyeglasses or contact lenses.
(C) Specialized laser therapy used to permanently reshape the patient's cornea.
(D) Surgical removal of the cloudy lens and implantation of an artificial lens.

40. Which of the following is a key strategy to combat Antimicrobial Resistance (AMR)?
(A) Promoting rational antibiotic use and improving clinical infection control.
(B) Using broad-spectrum antibiotics for all suspected bacterial infections.
(C) Halting all antibiotic research to prevent the emergence of new resistances.
(D) Encouraging self-medication with antibiotics for various minor ailments.

41. Arrange the following events related to public health in India in chronological order:
I. Launch of Universal Immunization Programme (UIP)
II. Launch of National Rural Health Mission (NRHM)
III. Launch of Swachh Bharat Mission
IV. Enactment of Mental Healthcare Act
(A) I, II, IV, III
(B) I, II, III, IV
(C) II, I, III, IV
(D) I, III, II, IV

42. What is the primary function of an ASHA (Accredited Social Health Activist) worker under the National Health Mission?
(A) To act as a healthcare facilitator and provider of community-level care.
(B) To perform specialized surgical procedures in rural hospital settings.
(C) To manage the complex annual finances of a Primary Health Centre.
(D) To prescribe high-end antibiotics for the treatment of complex diseases.

43. Which of the following is an example of a genetic disease targeted by screening programs in certain communities in India?
(A) Influenza
(B) Tuberculosis
(C) Malaria
(D) Thalassemia

44. Given below are two statements.
Statement I : The 'response' phase of a disaster begins before the disaster strikes and includes activities like making evacuation plans.
Statement II : The 'recovery' phase involves actions to return the community to normal or near-normal conditions, including rebuilding and psychosocial support.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

45. The "DOTS" strategy is a cornerstone of which National Health Programme in India?
(A) National AIDS Control Programme
(B) National Vector Borne Disease Control Programme
(C) National Tuberculosis Elimination Programme
(D) National Programme for Control of Blindness

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46. Which of the following is NOT considered a major risk factor for cardiovascular disease?
(A) High blood pressure
(B) High blood cholesterol
(C) Tobacco use
(D) Regular consumption of fruits and vegetables

47. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).

IV. H1N1 (Swine Flu)
V. Avian Influenza (H5N1)
Which of the above are considered emerging or re-emerging zoonotic diseases that have impacted India?
(A) I, II, and III only
(B) I, II, III, and IV only
(C) III and V only
(D) All of the above

82. The term 'fomite' in the context of communicable diseases refers to:
(A) An inanimate object that can carry and transmit infectious agents.
(B) An insect that transmits a pathogen.
(C) An animal that harbors a pathogen without showing symptoms.
(D) A contaminated food or water source.

83. Which National Health Programme uses multi-drug therapy (MDT) as its main strategy for treatment?
(A) National Tuberculosis Elimination Programme
(B) National AIDS Control Programme
(C) National Leprosy Eradication Programme
(D) National Malaria Control Programme

84. Given below are two statements.
Statement I : All injuries are accidental and cannot be prevented.
Statement II : Public health approaches to injury prevention focus on education, engineering solutions (e.g., seatbelts, safer roads), and enforcement of laws.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

85. Which of the following is a primary data source for facility-level performance and service delivery under the National Health Mission?
(A) Sample Registration System (SRS)
(B) National Family Health Survey (NFHS)
(C) Health Management Information System (HMIS)
(D) Census of India

86. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : The government of India launched "Mission Indradhanush" to boost immunization rates.
Reason (R) : The Universal Immunization Programme (UIP) had achieved 100% coverage, making Mission Indradhanush a programme for introducing new vaccines only.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

87. Which of the following is the most common cause of preventable blindness in children in India?
(A) Glaucoma
(B) Diabetic Retinopathy
(C) Age-related macular degeneration
(D) Vitamin A deficiency

88. The main goal of palliative care, especially in the context of terminal cancers, is to:
(A) Improve quality of life for patients by relieving pain and other symptoms.
(B) Cure the disease aggressively with high-dose intravenous chemotherapy.
(C) Conduct clinical trials for experimental and unproven medical drugs.
(D) Provide only basic nutritional support to the patient and their family.

89. Match the following items in List I with those in List II.
List I: (Occupational Hazard)
P. Asbestos fibres
Q. Crystalline Silica dust
R. Cotton dust
S. Sugarcane dust
List II: (Associated Disease)
1. Silicosis
2. Bagassosis
3. Mesothelioma
4. Byssinosis
(A) P-3, Q-1, R-4, S-2

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vaccination.
IV. Management often requires long-term care and follow-up.
Which of the above statement(s) is/are correct?
(A) I and IV only
(B) II and III only
(C) I, II and III only
(D) I, III and IV only

56. All of the following are communicable diseases EXCEPT:
(A) Hypertension
(B) Measles
(C) Influenza
(D) Cholera

57. Given below are two statements.
Statement I : The primary goal of the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is to promote health and prevent NCDs through behavior and lifestyle changes.
Statement II : NPCDCS only focuses on providing tertiary care treatment and has no component for early diagnosis.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

58. What is the main objective of the 'Mission Indradhanush' programme?
(A) To expand immunization coverage and reach unvaccinated or partially vaccinated children.
(B) To improve sanitation coverage in rural areas.
(C) To provide iron and folic acid supplements to pregnant women.
(D) To screen for common non-communicable diseases.

59. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : Irrational use of antibiotics in humans and animals is a major driver of antimicrobial resistance (AMR).
Reason (R) : Overuse and misuse of antibiotics create selective pressure, allowing resistant bacteria to survive and multiply.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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60. An epidemiologist is investigating an outbreak of food poisoning. The first step in this investigation should be to:
(A) Start mass treatment with antibiotics.
(B) Verify the diagnosis and confirm the existence of an outbreak.
(C) Close down all local food establishments.
(D) Inform the international health authorities.

61. Which of the following is a major challenge for mental healthcare in India?
(A) A surplus of trained psychiatrists and psychologists.
(B) The low prevalence of mental health disorders.
(C) Widespread social stigma associated with mental illness.
(D) The communicable nature of most mental illnesses.

62. Consider the following statements about India's National Health Policy 2017:
I. It aims to increase public health expenditure to 2.5% of the GDP.
II. It focuses on preventive and promotive healthcare.
III. It aims to achieve universal health coverage.
IV. It proposes to eliminate Tuberculosis by 2030.
V. It advocates for the mainstreaming of AYUSH systems.
Which of the above statement(s) is/are correct?
(A) I, II, III, and V only
(B) II, III, IV, and V only
(C) I, II, and IV only
(D) All of the above

63. The causative agent of Japanese Encephalitis is a:

(A) Virus
(B) Bacterium
(C) Fungus
(D) Protozoan

64. Which of the following best describes 'iatrogenic disease'?
(A) A disease caused by a genetic abnormality.
(B) An ailment caused by medical examination or treatment.
(C) A disease transmitted from animals to humans.
(D) A disease that re-emerges after a period of decline.

65. Arrange the following stages of the disaster management cycle in their correct sequence:
I. Response
II. Mitigation
III. Recovery
IV. Preparedness
(A) II, IV, I, III
(B) IV, II, I, III
(C) I, III, II, IV
(D) II, I, IV, III

66. Which one of the following is NOT a strategy under the National AIDS Control Programme (NACP)?
(A) Mass vaccination against HIV.
(B) Information, Education, and Communication (IEC) activities.
(C) Blood safety measures.
(D) Targeted interventions for high-risk groups.

67. A person working in a cotton textile mill for 20 years develops a lung disease characterized by chest tightness that is worse on Mondays. This condition is known as:
(A) Silicosis
(B) Asbestosis
(C) Byssinosis
(D) Farmer's lung

68. The "Red Ribbon" is an international symbol of awareness and support for people living with:
(A) Cancer
(B) Diabetes
(C) Tuberculosis
(D) HIV/AIDS

69. Given below are two statements.
Statement I : Cataract is an irreversible cause of blindness.
Statement II : Blindness due to cataract can be effectively and affordably treated by surgery.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

70. Match the following items in List I with those in List II.
List I: (Condition)
P. Leprosy
Q. Goitre
R. Dengue
S. Cervical Cancer
List II: (Associated National Programme)
1. National Vector Borne Disease Control Programme (NVBDCP)
2. National Leprosy Eradication Programme (NLEP)
3. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)
4. National Iodine Deficiency Disorders Control Programme (NIDDCP)
(A) P-1, Q-2, R-4, S-3
(B) P-2, Q-4, R-1, S-3
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

71. Road traffic injuries are a major public health problem in India. Which of the following is the most effective legislative measure to prevent head injuries in two-wheeler riders?
(A) Imposing higher taxes on two-wheelers.
(B) Banning two-wheelers from highways.
(C) Providing free first aid kits with every two-wheeler.
(D) Mandatory helmet laws and their strict enforcement.

72. What is the primary role of Health and Wellness Centres (HWCs) established under Ayushman Bharat?
(A) To provide comprehensive primary

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healthcare closer to communities.
(B) To provide highly specialized super-specialty care in urban settings.
(C) To exclusively manage health insurance claims under the PM-JAY scheme.
(D) To conduct advanced biomedical research regarding entirely new drugs.

73. Consider the following statements about Hospital Acquired Infections (HAIs):
I. They can increase the length of hospital stay for a patient.
II. Hand hygiene is one of the most effective measures to prevent HAIs.
III. They only affect patients and not healthcare workers.
IV. Catheter-associated urinary tract infections (CAUTI) are a common type of HAI.
Which of the above statement(s) is/are correct?
(A) I, II and IV only
(B) I and III only
(C) II, III and IV only
(D) All of the above

74. The concept of 'herd immunity' is most relevant to the control of which type of disease?
(A) Vaccine-preventable communicable diseases like measles.
(B) Non-communicable diseases like diabetes.
(C) Genetic disorders like thalassemia.
(D) Occupational diseases like silicosis.

75. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : The National Programme for Control of Blindness aims to reduce the prevalence of blindness to 0.3% by 2020.
Reason (R) : The programme's main strategy focuses on providing comprehensive eye care services, with a major focus on cataract surgery.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

76. Which of the following is NOT a non-communicable disease?
(A) Ischemic Heart Disease
(B) Diphtheria
(C) Stroke
(D) Chronic Obstructive Pulmonary Disease (COPD)

77. A public health nurse is screening for risk factors of hypertension in a community. Which of the following would be considered a modifiable risk factor?
(A) Age
(B) Family history
(C) High salt intake
(D) Ethnicity

78. The "Swachh Bharat Mission" directly contributes to the reduction of which category of diseases?
(A) Genetic diseases like sickle cell anemia.
(B) Lifestyle diseases like diabetes and hypertension.
(C) Neurodegenerative diseases like Alzheimer's.
(D) Diseases transmitted through contaminated water and poor sanitation, like cholera and diarrhea.

79. What is the significance of the year 1982 in the context of Indian public health programmes?
(A) Launch of the National Mental Health Programme.
(B) Launch of the Universal Immunization Programme.
(C) Launch of the National AIDS Control Programme.
(D) Launch of the Janani Suraksha Yojana.

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80. Identify the correct statement about Rheumatic Heart Disease (RHD).
(A) It is a major cause of cardiovascular mortality in wealthy, developed nations.
(B) It can be prevented by early treatment of streptococcal pharyngitis.
(C) It is a direct physiological consequence of high systemic cholesterol levels.
(D) It is a structural congenital condition present at birth in all patients.

81. Consider the following:
I. Nipah Virus
II. Zika Virus
III. SARS-CoV-2 (COVID-19)

Assertion (A) : The Ayushman Bharat scheme has two major components: Health and Wellness Centres (HWCs) and the Pradhan Mantri Jan Arogya Yojana (PM-JAY).
Reason (R) : The scheme aims to address health holistically, covering primary, secondary, and tertiary care.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

48. A factory worker is exposed to loud noise for 8 hours a day without hearing protection. Over time, he develops hearing loss. This condition is best classified as a(n):
(A) Genetic disease
(B) Occupational disease
(C) Communicable disease
(D) Emerging disease

49. Identify the incorrect pair regarding common communicable diseases and their causative agents.
(A) Tuberculosis - Mycobacterium tuberculosis
(B) Dengue - Salmonella typhi
(C) Malaria - Plasmodium falciparum
(D) AIDS - Human Immunodeficiency Virus

50. Consider the following health problems in India:
I. Cataract-induced blindness
II. Road traffic injuries
III. Diabetes Mellitus
IV. Mental health disorders
V. Malnutrition
Which of the above statement(s) are significant public health challenges addressed by specific national programmes or policies?
(A) I, II, and III only
(B) I, III, and IV only
(C) I, III, IV, and V only
(D) All of the above

51. Match the following items in List I with those in List II.
List I: (Term)
P. Epidemic
Q. Pandemic
R. Endemic
S. Outbreak
List II: (Description)
1. The constant presence of a disease within a given geographic area.
2. The occurrence of more cases of disease than expected in a given area.
3. An epidemic that has spread over several countries or continents.
4. A more localized version of an epidemic.
(A) P-2, Q-3, R-1, S-4
(B) P-3, Q-2, R-1, S-4
(C) P-1, Q-3, R-2, S-4
(D) P-2, Q-1, R-3, S-4

52. What does 'morbidity' refer to in an epidemiological context?
(A) The number of deaths in a population.
(B) The birth rate of a population.
(C) The average life expectancy of a population.
(D) The incidence of ill health in a population.

53. The 'Golden Hour' in the context of trauma and injury management refers to:
(A) The specific time of day when most vehicular accidents are statistically likely to occur.
(B) The final hour of a patient's life while being treated in an intensive care unit.
(C) The first hour after an injury when medical treatment has the highest chance of success.
(D) A government financial scheme providing immediate monetary aid to road accident victims.

54. Which of the following national data sources provides estimates of mortality rates through a nationwide survey of births and deaths?
(A) Health Management Information System (HMIS)
(B) Sample Registration System (SRS)
(C) Integrated Disease Surveillance Programme (IDSP)
(D) National Family Health Survey (NFHS)

55. Consider the following statements regarding the control of non-communicable diseases (NCDs):
I. Early detection and screening are key strategies.
II. Lifestyle modification plays no role in prevention.
III. NCDs are primarily managed through

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(B) P-1, Q-3, R-2, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-1, R-4, S-3

90. Which government body is the apex organization for formulating, implementing, and monitoring the National AIDS Control Programme in India?
(A) National AIDS Control Organisation (NACO)
(B) Indian Council of Medical Research (ICMR)
(C) Ministry of Environment, Forest and Climate Change
(D) National Centre for Disease Control (NCDC)

91. Which of the following best describes the 'incubation period' of a communicable disease?
(A) The specific clinical period during which the patient is most infectious to others.
(B) The total duration of the human illness from the first onset to final recovery.
(C) The time required for a laboratory test to confirm a definitive medical diagnosis.
(D) The interval between infection by a pathogen and the appearance of symptoms.

92. Consider the following actions taken during a disease outbreak:
I. Case definition and identification
II. Data collection and analysis on person, place, and time
III. Formulation and testing of hypothesis
IV. Implementation of control measures
Which of the above statement(s) are characteristic of the specified public health process?
(A) Health promotion campaign
(B) Outbreak investigation
(C) Health policy formulation
(D) Hospital administration

93. A major flood has occurred in a district. As a public health official, what is the most immediate health threat you would anticipate in the post-disaster phase?
(A) An increase in cases of diabetes.
(B) A rise in occupational lung diseases.
(C) An outbreak of water-borne diseases like cholera and typhoid.
(D) An epidemic of HIV/AIDS.

94. What is the key difference between an emerging and a re-emerging disease?
(A) Emerging diseases are always viral, while re-emerging diseases are bacterial.
(B) Emerging diseases affect humans, while re-emerging diseases are zoonotic.
(C) There is no scientific difference between these two medical public health terms.
(D) Emerging diseases are new, while re-emerging diseases reappear after a decline.

95. Arrange the following health initiatives/policies in India chronologically from the earliest to the latest.
I. National Health Policy
II. National Rural Health Mission (NRHM)
III. National Health Mission (NHM)
IV. Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY)
(A) I (2002), II, III, IV
(B) I (1983), II, III, IV
(C) II, I (2002), III, IV
(D) I (1983), III, II, IV

96. Which of the following statements about mental health in India is incorrect?
(A) The Mental Healthcare Act, 2017 provides for the rights of persons with mental illness.
(B) Mental illness is classified as a communicable disease under the IDSP.
(C) There is a significant treatment gap for mental disorders in India.
(D) The National Mental Health Programme aims to integrate mental health with general healthcare.

97. Given below are two statements.
Statement I : The Universal Immunization Programme (UIP) in India provides vaccination against twelve vaccine-preventable diseases.
Statement II : The UIP is one of the largest public health programmes in the world, targeting crores of newborns and pregnant women annually.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is

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suicide.
(B) It gives every person the right to access mental healthcare from government institutions.
(C) It mandates that treatment for mental illness should always be involuntary.
(D) It makes provisions for advance directives by persons with mental illness.

116. Which of the following best defines a 'carrier' of a communicable disease?
(A) A person who is clinically sick with a disease and shows severe symptoms.
(B) A person who has recovered from a disease and possesses permanent immunity.
(C) A healthcare worker who routinely treats patients with infectious diseases.
(D) A person who harbors a pathogen without symptoms but can transmit it.

117. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : Population-based screening for cancers like cervical and breast cancer is an important public health strategy.
Reason (R) : Screening helps in early detection of cancer at a stage when treatment is more effective and chances of survival are higher.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

118. Which of the following is NOT a focus area of the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)?
(A) Health promotion
(B) Treatment of communicable diseases like malaria
(C) Early diagnosis and management
(D) Capacity building of healthcare professionals

119. Match the following items in List I with those in List II.
List I: (Term related to disasters)
P. Hazard
Q. Vulnerability
R. Risk
S. Capacity
List II: (Meaning)
1. The probability of harmful consequences, or expected losses resulting from interactions between hazards and vulnerable conditions.
2. The characteristics and circumstances of a community that make it susceptible to the damaging effects of a hazard.
3. The combination of all the strengths and resources available within a community that can reduce the level of risk.
4. A dangerous phenomenon or substance that may cause loss of life, injury, or other health impacts.
(A) P-4, Q-2, R-1, S-3
(B) P-2, Q-4, R-3, S-1
(C) P-4, Q-1, R-2, S-3
(D) P-1, Q-2, R-4, S-3

120. Consider the following statements about Ayushman Bharat - Health and Wellness Centres (HWCs):
I. They are meant to provide comprehensive primary healthcare.
II. They provide services for both maternal/child health and non-communicable diseases.
III. Services at HWCs are provided free of cost to all individuals.
IV. They are upgraded versions of existing Sub Centres and Primary Health Centres.
V. They are primarily focused on providing cashless tertiary care surgeries.
Which of the above statement(s) is/are correct?
(A) I, II, and III only
(B) I, II, and IV only
(C) I, II, III, and IV only
(D) III, IV, and V only

121. The "Nikshay Poshan Yojana" is a direct benefit transfer (DBT) scheme providing nutritional support to patients of which disease?
(A) HIV/AIDS
(B) Malaria
(C) Tuberculosis
(D) Leprosy

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(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-4, R-1, S-3

107. Which of the following is NOT a goal of the National Health Mission (NHM)?
(A) Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR).
(B) Universal access to public health services.
(C) Prevention and control of communicable and non-communicable diseases.
(D) Regulation of private medical colleges.

108. Given below are two statements.
Statement I : Antimicrobial stewardship refers to a set of coordinated strategies to improve the use of antimicrobial medications.
Statement II : The primary goal of antimicrobial stewardship is to enhance patient health outcomes, reduce resistance, and decrease unnecessary costs.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

109. Consider the following statements regarding common risk factors for non-communicable diseases:
I. Tobacco use is a risk factor for both cardiovascular diseases and cancer.
II. Harmful use of alcohol contributes to liver disease and injuries.
III. Physical inactivity increases the risk of developing diabetes.
IV. High salt intake is a major factor in raising blood pressure.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) II, III and IV only
(D) All of the above

110. Which is the most common route of transmission for Hepatitis B virus in a healthcare setting?
(A) The fecal-oral route of transmission through contaminated water.
(B) Inhalation of small airborne droplets containing viral particles.
(C) Vector-borne transmission by various species of mosquitoes.
(D) Exposure to infected blood or body fluids through needlestick injuries.

111. The term 'sentinel surveillance' in public health refers to:
(A) Reporting of diseases by a limited number of selected reporting sites.
(B) Surveying the entire population for a specific disease.
(C) The surveillance of diseases that have been completely eradicated.
(D) Monitoring the health of military personnel.

112. Which of the following national programmes in India specifically addresses the health of adolescents?
(A) Janani Shishu Suraksha Karyakram (JSSK)
(B) Rashtriya Kishor Swasthya Karyakram (RKSK)
(C) National Tobacco Control Programme (NTCP)
(D) National Programme for the Health Care of the Elderly (NPHCE)

113. Arrange the launch years of the following phases of the National AIDS Control Programme (NACP) in chronological order.
I. NACP-IV
II. NACP-I
III. NACP-III
IV. NACP-II
(A) II, IV, I, III
(B) I, II, III, IV
(C) II, IV, III, I
(D) IV, II, I, III

114. The widespread use of Long-Lasting Insecticidal Nets (LLINs) in malaria-endemic areas leads to:
(A) A reduction in malaria transmission by reducing human-mosquito contact.
(B) An increase in the mosquito population.
(C) An increase in cases of dengue fever.
(D) The development of antibiotic resistance in the malaria parasite.

115. Identify the incorrect statement regarding the Mental Healthcare Act, 2017 of India.
(A) It decriminalises the act of attempting

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(C) A is true but R is false.
(D) A is false but R is true.

131. Which of the following statements about genetic diseases is correct?
(A) All genetic diseases are apparent at birth.
(B) Genetic diseases can be cured by antibiotics.
(C) They are caused by abnormalities in an individual's genetic material (genes or chromosomes).
(D) They are a form of communicable disease.

132. The main strategy for the eradication of Lymphatic Filariasis under the NVBDCP is:
(A) Fogging and spraying of insecticides in all households.
(B) Surgical correction of hydrocele in all adult males.
(C) Vaccination of the entire population.
(D) Mass Drug Administration (MDA) with DEC and Albendazole.

133. Which of the following is the most common cause of preventable blindness in India?
(A) Cataract
(B) Refractive errors
(C) Glaucoma
(D) Vitamin A deficiency

134. Match the following items in List I with those in List II.
List I: (Programme/Initiative)
P. Mission Indradhanush
Q. DOTS Strategy
R. Janani Suraksha Yojana (JSY)
S. NPCDCS
List II: (Target Health Issue)
1. Tuberculosis
2. Maternal and Neonatal Mortality
3. NCDs (Diabetes, Hypertension etc.)
4. Child Immunization
(A) P-4, Q-1, R-2, S-3
(B) P-1, Q-4, R-2, S-3
(C) P-4, Q-2, R-1, S-3
(D) P-3, Q-1, R-2, S-4

135. What is the primary purpose of the 'preparedness' phase in the disaster management cycle?
(A) To return the community to normal after a disaster.
(B) To prevent the disaster from occurring.
(C) To provide immediate relief and rescue operations.
(D) To develop plans and capacities to effectively respond to a disaster when it occurs.

136. Given below are two statements.
Statement I : Refractive error is a major cause of visual impairment in India, especially among school-going children.
Statement II : Refractive errors can be easily diagnosed and corrected with spectacles.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

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137. Which of the following is an example of a 'vector' in the transmission of communicable diseases?
(A) Contaminated water carrying cholera bacteria.
(B) A doorknob contaminated with influenza virus.
(C) An Anopheles mosquito carrying the malaria parasite.
(D) A person harboring HIV without symptoms.

138. Consider the following statements about the Janani Shishu Suraksha Karyakram (JSSK):
I. It entitles pregnant women to free delivery in public health institutions.
II. It provides for free drugs, diagnostics, and diet during stay in the health institution.
III. It includes provisions for free transport from home to the institution.
IV. It is a loan scheme for pregnant women to start a business.
V. It also covers sick newborns up to 30 days after birth.
Which of the above statement(s) is/are correct?
(A) I, II and IV only
(B) II, III, IV and V only
(C) I, II, III and V only
(D) All of the above

122. Which of the following is a key objective of the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)?
(A) To provide fixed-day, free-of-cost, assured, and quality antenatal care to all pregnant women on the 9th of every month.
(B) To provide free transport from home to a health facility for pregnant women.
(C) To provide cash assistance for meeting the nutritional needs of pregnant women.
(D) To ensure 100% immunization of all pregnant women.

123. Which of the following is the most significant achievement of global public health, certified by WHO in 1980?
(A) The eradication of Polio.
(B) The eradication of Guinea Worm disease.
(C) The eradication of Measles.
(D) The eradication of Smallpox.

124. Given below are two statements.
Statement I : Diabetes, cardiovascular diseases, and cancers share several common modifiable risk factors.
Statement II : A public health strategy focusing on promoting a healthy diet and physical activity can help prevent multiple non-communicable diseases simultaneously.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

125. Which of these is an example of an emerging infectious disease?
(A) Measles
(B) Tuberculosis
(C) Nipah virus infection
(D) Leprosy

126. An "index case" in an epidemiological investigation is the:
(A) Last case of an outbreak.
(B) Most severe case in an outbreak.
(C) The case that is geographically central to the outbreak.
(D) First case of a disease to come to the attention of health authorities.

127. Which of the following diseases is NOT covered under the Universal Immunization Programme (UIP) of India?
(A) Malaria
(B) Tetanus
(C) Polio
(D) Measles

128. Consider the following statements regarding occupational health:
I. Occupational diseases are health problems that are caused or made worse by the work environment.
II. Engineering controls are the most effective way to protect workers from hazards.
III. Personal Protective Equipment (PPE) is considered the first line of defense against workplace hazards.
IV. Silicosis and asbestosis are examples of occupational lung diseases.
Which of the above statement(s) is/are correct?
(A) I, II and III only
(B) I, II and IV only
(C) II, III and IV only
(D) I, III and IV only

129. The "Kala-azar" disease, prevalent in some parts of India like Bihar, is transmitted by:
(A) Mosquito
(B) Sandfly
(C) Housefly
(D) Tsetse fly

130. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : Hospital infection control committees (HICCs) are essential for preventing Hospital Acquired Infections (HAIs).
Reason (R) : These committees are responsible for developing and implementing policies for surveillance, prevention, and control of infections within the hospital, including staff training and monitoring antibiotic use.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.

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(C) The change in a country's population from high birth and death rates to low birth and death rates.
(D) The shift in disease patterns from predominantly communicable diseases to predominantly non-communicable diseases.

165. Given below are two statements.
Statement I : Ayushman Bharat - Health and Wellness Centres are designed to provide selective primary care services only.
Statement II : These centres are intended to provide a broad range of services including care for NCDs, maternal and child health, and free essential drugs and diagnostics.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

166. Which one of the following is a non-communicable disease?
(A) Chickenpox
(B) Stroke
(C) Leprosy
(D) Cholera

167. Consider the following statements about the Universal Immunization Programme (UIP) in India:
I. It was launched in 1985.
II. It provides vaccines against diseases like Tuberculosis, Polio, and Measles.
III. Mission Indradhanush was launched to strengthen and re-energize the programme.
IV. The programme only targets children and not pregnant women.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) III and IV only
(D) I, II and IV only

168. The "Golden Rice" is a genetically modified crop designed to combat the deficiency of which nutrient, a major cause of blindness in children?
(A) Vitamin A
(B) Iron
(C) Iodine
(D) Protein

169. What is the most common mode of transmission for the Human Immunodeficiency Virus (HIV)?
(A) Shaking hands with an infected person.
(B) Sharing food with an infected person.
(C) Unprotected sexual intercourse.
(D) Mosquito bites.

170. Match the following items in List I with those in List II.
List I: (Abbreviation)
P. ASHA
Q. PM-JAY
R. IDSP
S. NTEP
List II: (Full Form/Programme)
1. Integrated Disease Surveillance Programme
2. National Tuberculosis Elimination Programme
3. Accredited Social Health Activist
4. Pradhan Mantri Jan Arogya Yojana
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-4, R-1, S-3

171. The "Recovery" phase of the disaster cycle focuses on:
(A) Evacuating people before a cyclone hits.
(B) Providing immediate medical aid to the injured.
(C) Identifying potential hazards in an area.
(D) Long-term activities to restore and improve the community's condition, including infrastructure and psychosocial well-being.

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172. Which of the following diseases has been successfully eradicated from India through a sustained public health campaign?
(A) Polio
(B) Smallpox
(C) Measles
(D) Tetanus

173. A key strategy for preventing rheumatic heart disease is:
(A) Regular cardiovascular exercise.

139. A 'syndromic approach' to the management of sexually transmitted infections (STIs), as promoted by NACO, involves:
(A) Treating patients based on their specific, definitive laboratory diagnosis.
(B) Treating only the high-risk sexual partners of already infected individuals.
(C) Treating all suspected STIs with a single, universal oral antibiotic pill.
(D) Treating patients based on identifiable signs and symptoms without lab tests.

140. Which of the following is NOT a characteristic of a non-communicable disease (NCD)?
(A) Complex etiology with multiple risk factors.
(B) Short duration of illness and rapid cure.
(C) Long latency period.
(D) Often results in functional impairment or disability.

141. The legal framework for tobacco control in India, which includes banning smoking in public places and mandating pictorial warnings, is provided by:
(A) The Indian Penal Code, 1860
(B) The Environment Protection Act, 1986
(C) The Cigarettes and Other Tobacco Products Act (COTPA), 2003
(D) The Food Safety and Standards Act, 2006

142. Arrange the following steps of an outbreak investigation in a logical sequence.
I. Implement control and prevention measures.
II. Define and identify cases.
III. Verify the diagnosis and confirm the outbreak.
IV. Describe and orient the data in terms of time, place, and person.
(A) III, II, IV, I
(B) II, III, I, IV
(C) I, II, III, IV
(D) IV, III, II, I

143. Which of the following best describes the cause of Type 1 Diabetes Mellitus?
(A) An autoimmune destruction of the insulin-producing beta cells in the pancreas.
(B) A common lifestyle disease caused primarily by excessive daily sugar intake.
(C) A temporary form of insulin resistance developed strictly during pregnancy.
(D) A direct physiological consequence of long-term and uncontrolled hypertension.

144. In a post-disaster situation, which of the following is a critical activity during the 'recovery' phase?
(A) Search and rescue operations.
(B) Provision of psychosocial support and mental health services to the affected population.
(C) Triage of casualties.
(D) Sounding early warning alarms.

145. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : The National Iodine Deficiency Disorders Control Programme (NIDDCP) promotes the consumption of iodized salt.
Reason (R) : Iodine is an essential micronutrient, and its deficiency can lead to a spectrum of disorders, including goitre and impaired cognitive development in children.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

146. A "case-fatality rate" for a disease is defined as:
(A) The proportion of cases of a specific disease which are fatal within a period.
(B) The total number of new cases of a disease in a population over a period.
(C) The total number of people who die from any cause in a specific population.
(D) The proportion of a population that has the disease at a specific point.

147. All of the following are recognized occupational diseases EXCEPT:
(A) Silicosis
(B) Noise-induced hearing loss
(C) Down syndrome
(D) Asbestosis

148. Given below are two statements.
Statement I : The National Vector Borne Disease Control Programme (NVBDCP) is

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responsible for controlling diseases like Malaria, Dengue, and Japanese Encephalitis.
Statement II : The programme's strategies are exclusively focused on treatment and do not include vector control measures.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

149. Consider the following statements about common health issues in India:
I. Cardiovascular diseases are the leading cause of death.
II. India has the second-largest number of people with diabetes in the world.
III. Road traffic injuries are a major cause of death and disability, especially among young people.
IV. The burden of communicable diseases has been completely replaced by non-communicable diseases.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) III and IV only
(D) All of the above

150. Which of the following is the most effective primary prevention strategy for cervical cancer?
(A) Regular Pap smear screening.
(B) Vaccination against Human Papillomavirus (HPV).
(C) Chemotherapy and radiation.
(D) Surgical removal of the uterus (hysterectomy).

151. Which of the following represents a 'common vehicle' for the transmission of a communicable disease?
(A) A mosquito transmitting malaria.
(B) A person sneezing and spreading influenza virus.
(C) A needlestick injury transmitting Hepatitis B.
(D) Contaminated water supply causing a cholera outbreak.

152. The National Programme for Health Care of the Elderly (NPHCE) in India aims to:
(A) Provide dedicated and specialized healthcare services for the elderly population.
(B) Provide pensions to all citizens over the age of 60.
(C) Build old age homes in every district of the country.
(D) Focus exclusively on the immunization of the elderly.

153. What is the definition of a 'disaster' in the context of public health?
(A) Any unexpected geological event that causes moderate localized property damage.
(B) A man-made event that requires a standard local police or fire department response.
(C) A serious disruption of functioning exceeding a community's ability to cope.
(D) A natural phenomenon like an earthquake regardless of its impact on a population.

154. Match the following items in List I with those in List II.
List I: (Term)
P. Zoonosis
Q. Nosocomial
R. Iatrogenic
S. Congenital
List II: (Associated Disease/Condition)
1. Infection acquired in a hospital
2. Defect present at birth
3. Disease transmitted from animal to human (e.g., Rabies)
4. Complication resulting from a medical procedure
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-1, R-3, S-2
(C) P-4, Q-1, R-2, S-3
(D) P-3, Q-1, R-4, S-2

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155. Given below are two statements.
Statement I : The primary goal of the Integrated Disease Surveillance Programme (IDSP) is to detect and respond to disease outbreaks quickly.
Statement II : IDSP collects data on epidemic-prone diseases on a weekly basis from reporting units like health sub-centres, PHCs, and hospitals.
(A) Both Statement I and Statement II are correct.

(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

156. Which of the following is an example of a specific protection measure (Primary Prevention)?
(A) Rehabilitation of a stroke patient.
(B) Immunization against measles.
(C) Screening for hypertension.
(D) Self-examination for breast cancer.

157. Consider the following regarding India's response to HIV/AIDS:
I. The National AIDS Control Organisation (NACO) is the nodal agency.
II. Provision of free Antiretroviral Therapy (ART) is a key component.
III. Prevention of Parent-to-Child Transmission (PPTCT) is a major programme.
IV. Focus on Information, Education, and Communication (IEC) is crucial.
V. The programme relies solely on foreign aid and has no domestic funding.
Which of the above statement(s) is/are correct?
(A) I, II, and III only
(B) I, II, III, and IV only
(C) II, III, IV, and V only
(D) All of the above

158. A sudden, unexpected increase in the number of fall-related injuries among the elderly in a specific nursing home would be best described as a(n):
(A) Epidemic
(B) Pandemic
(C) Endemic situation
(D) Cluster or outbreak

159. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : India bears a dual burden of both communicable and non-communicable diseases.
Reason (R) : While diseases like tuberculosis and malaria continue to be major problems, lifestyle-related non-communicable diseases like diabetes and heart disease are rapidly increasing.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

160. What is 'Trachoma', a disease targeted by the NPCBVI?
(A) A degenerative disease of the retina.
(B) A chronic infectious disease of the eye and the leading cause of preventable blindness worldwide.
(C) Increased pressure within the eyeball, causing gradual loss of sight.
(D) Clouding of the lens of the eye.

161. The "5Cs" strategy for tackling AMR (Antimicrobial Resistance) includes all of the following EXCEPT:
(A) Contamination avoidance
(B) Cutting out antibiotics
(C) Collection of data
(D) Containment of resistance spread

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162. Which of the following is a key feature of the Pradhan Mantri Jan Arogya Yojana (PM-JAY)?
(A) It is a cashless and paperless scheme at the point of service.
(B) It provides a health cover of ₹50,000 per person per year.
(C) It only covers treatment at public hospitals.
(D) It is only applicable for communicable diseases.

163. A group of factory workers are diagnosed with hearing loss due to prolonged exposure to high levels of noise at their workplace. This is an example of a(n):
(A) Hospital acquired infection
(B) Genetic disease
(C) Occupational disease
(D) Re-emerging disease

164. The concept of 'epidemiological transition' refers to:
(A) The transition of a local outbreak into a global pandemic.
(B) The development of drug resistance by a microorganism.

correct.

98. The 'triage' process during a mass casualty incident aims to:
(A) Sort and prioritize patients based on the severity of their injuries and urgency of care.
(B) Provide definitive surgical treatment to all victims on site.
(C) Identify the person responsible for the incident.
(D) Document the names and addresses of all victims for official records.

99. Which of the following is NOT a vector-borne disease?
(A) Malaria
(B) Dengue
(C) Tuberculosis
(D) Chikungunya

100. Consider the following statements about Antimicrobial Resistance (AMR):
I. It is a natural phenomenon, but misuse of antibiotics accelerates the process.
II. Poor infection control practices in hospitals contribute to the spread of resistant microbes.
III. AMR is a global health security threat.
IV. Taking a shorter course of antibiotics than prescribed can contribute to AMR.
V. AMR only affects developing countries and is not a problem in developed nations.
Which of the above statement(s) is/are correct?
(A) I, II and III only
(B) I, II, III and IV only
(C) II, III, IV and V only
(D) All of the above

101. Asbestosis, a lung disease caused by inhaling asbestos fibers, is primarily a(n):
(A) Acute communicable disease
(B) Genetic disorder
(C) Chronic occupational disease
(D) Nutritional deficiency disorder

102. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : Sickle cell anemia is a genetic disease prevalent in certain tribal populations in India.
Reason (R) : The sickle cell trait is believed to offer some protection against malaria, which may have led to its higher prevalence in malaria-endemic regions.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

103. The 'Vision 2020: The Right to Sight' global initiative, which India is a signatory to, primarily aimed to eliminate:
(A) All forms of visual impairment.
(B) Myopia and hypermetropia.
(C) Color blindness.
(D) Avoidable blindness.

104. Which of the following is an example of a re-emerging disease?
(A) Plague in India in the 1990s.
(B) COVID-19
(C) Smallpox
(D) Zika Virus

105. A 45-year-old man with a BMI of 32, a sedentary lifestyle, and a family history of diabetes is advised by his doctor to start regular exercise and modify his diet. Which level of prevention for diabetes does this advice represent?
(A) Primordial prevention
(B) Secondary prevention
(C) Primary prevention
(D) Tertiary prevention

106. Match the following items in List I with those in List II.
List I: (Condition)
P. Cervical Cancer
Q. Diabetes Mellitus
R. Hypertension
S. Tuberculosis (Latent)
List II: (Common Screening Test)
1. Blood pressure measurement
2. Tuberculin Skin Test (Mantoux)
3. Pap smear test
4. Fasting blood glucose test
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2

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(B) A low-cholesterol diet.
(C) Prompt diagnosis and treatment of streptococcal throat infections with antibiotics.
(D) Vaccination against all forms of heart disease.

174. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : Blindness due to cataract is a major public health problem in India, especially among the elderly.
Reason (R) : Cataract is an irreversible condition, and no effective treatment is available.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

175. Consider the following:
I. Hypertension
II. Diabetes Mellitus
III. Ischemic Heart Disease
IV. Stroke
V. Chronic Kidney Disease
Which of the above are major Non-Communicable Diseases (NCDs) that often have interlinked risk factors and complications?
(A) I and II only
(B) I, II, and III only
(C) I, II, III, and IV only
(D) All of the above

176. Which of the following is NOT a component of the One Health approach to public health?
(A) Recognizing the interconnection between people, animals, plants, and their shared environment.
(B) Focusing exclusively on human diseases without considering animal reservoirs.
(C) Collaborating across human, animal, and environmental health sectors.
(D) Addressing zoonotic diseases and antimicrobial resistance through a unified strategy.

177. The term 'prevalence' of a disease refers to:
(A) The number of new cases of a disease occurring in a population during a specified period.
(B) The total number of cases of a disease, both new and pre-existing, in a population at a specified point in time.
(C) The rate at which people are dying from a disease.
(D) The speed with which a disease spreads in a population.

178. Given below are two statements.
Statement I : The National Programme for Prevention and Control of Deafness (NPPCD) aims to prevent avoidable hearing loss.
Statement II : The programme focuses on early identification, diagnosis, and treatment of ear problems responsible for hearing loss.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

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179. The Central Drugs Standard Control Organisation (CDSCO) in India is responsible for:
(A) Setting quality standards for food products.
(B) Controlling vector-borne diseases.
(C) Regulating the quality, safety, and efficacy of drugs, cosmetics, and medical devices.
(D) Implementing the national immunization schedule.

180. The most common cancers among women in India, which are a focus of national screening programs, are:
(A) Lung cancer and stomach cancer
(B) Brain cancer and bone cancer
(C) Skin cancer and thyroid cancer
(D) Breast cancer and cervical cancer

181. Which of the following best defines a 'Hospital Acquired Infection' (HAI)?
(A) An infection that a patient had before being admitted to the hospital.
(B) Any infection treated within a hospital setting.
(C) An infection acquired in a health facility not

problem.
IV. To ensure universal immunization coverage for children.
V. To regulate the cost of private education.
Which of the above statement(s) are genuine objectives of various National Health Programmes in India?
(A) I, II, III, and V only
(B) I, II, III, and IV only
(C) II, III, IV, and V only
(D) All of the above

216. Aedes aegypti mosquito is the primary vector for all the following diseases EXCEPT:
(A) Japanese Encephalitis
(B) Dengue
(C) Chikungunya
(D) Zika Virus Disease

217. A community health program that promotes helmet use for motorcyclists is an example of an intervention aimed at preventing:
(A) Communicable diseases
(B) Occupational diseases
(C) Injuries
(D) Genetic diseases

218. The "3 by 5" initiative launched by WHO and UNAIDS aimed to:
(A) Provide antiretroviral treatment (ART) to 3 million people in developing countries by 2005.
(B) Reduce HIV prevalence by 3% in 5 years.
(C) Discover 3 new anti-HIV drugs in 5 years.
(D) Reduce the cost of ART by a factor of 3 to 5.

219. The "Syndromic Surveillance" component of the IDSP is primarily designed to:
(A) Provide a definitive laboratory diagnosis for every case.
(B) Monitor the progress of non-communicable diseases.
(C) Survey the mental health status of the population.
(D) Track trends of specific syndromes to pick up early warning signals of outbreaks before diagnoses are confirmed.

220. Match the following items in List I with those in List II.
List I: (Term)
P. Attack Rate
Q. Case Fatality Rate
R. Mortality Rate
S. Morbidity
List II: (Definition)
1. The frequency of death in a defined population during a specified interval.
2. Any departure, subjective or objective, from a state of physiological or psychological well-being.
3. The proportion of persons who are exposed to a risk factor in a given period and who develop the disease.
4. The proportion of persons with a particular disease who die from that disease.
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-4, Q-3, R-1, S-2
(D) P-3, Q-2, R-4, S-1

221. Which one of the following is NOT a core component of the National Health Mission (NHM)?
(A) ASHA workers at the community level.
(B) Janani Suraksha Yojana (JSY) for promoting institutional deliveries.
(C) Universal pension scheme for all citizens.
(D) Upgradation of public health infrastructure.

222. Given below are two statements.
Statement I : Diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces.
Statement II : Uncontrolled diabetes leads to hyperglycemia (high blood sugar), which over time leads to serious damage to many of the body's systems.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

223. What does the term 'co-morbidity' mean?
(A) The presence of one or more additional diseases or disorders co-occurring with a primary disease.

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190. Given below are two statements.
Statement I : Antimicrobial Resistance (AMR) makes it harder and more expensive to treat infections.
Statement II : AMR is solely caused by the overuse of antibiotics in human medicine.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

191. The "Pulse Polio" campaign in India is an example of what kind of public health strategy?
(A) A National Immunization Day strategy to administer oral vaccine to all children under five.
(B) The routine immunization schedule for all pediatric patients in government clinics.
(C) A comprehensive rehabilitation programme for treating polio-related childhood paralysis.
(D) A surveillance programme for detecting and monitoring suspected polio cases nationwide.

192. Consider the following statements about mental health disorders:
I. They are a type of non-communicable disease.
II. Stigma and discrimination are major barriers to seeking care.
III. The Mental Healthcare Act, 2017 protects the rights of individuals with mental illness.
IV. They are always caused by supernatural forces and cannot be treated medically.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) III and IV only
(D) I, III and IV only

193. The term 'iatrogenic' refers to an illness or injury resulting from:
(A) An unknown cause.
(B) A medical intervention or treatment.
(C) A congenital abnormality.
(D) Exposure to a workplace hazard.

194. The primary aim of the Rashtriya Bal Swasthya Karyakram (RBSK) is:
(A) To screen children from birth to 18 years for defects, diseases, and developmental delays.
(B) To provide free textbooks and educational materials to all enrolled school children.
(C) To ensure 100% enrollment in primary schools for children from marginalized backgrounds.
(D) To provide daily mid-day meals in schools to combat chronic childhood malnutrition.

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195. Which of the following is NOT one of the '4Ds' targeted for screening under the Rashtriya Bal Swasthya Karyakram (RBSK)?
(A) Defects at birth
(B) Deficiencies
(C) Disasters
(D) Diseases

196. The main objective of the India Newborn Action Plan (INAP) is to:
(A) Provide financial incentives for having a female child.
(B) Focus on the health of adolescents only.
(C) Regulate the private hospital sector.
(D) End preventable newborn deaths and stillbirths.

197. Which of the following is an example of 'secondary prevention' of a disease?
(A) Educating teenagers about the dangers of smoking.
(B) Physiotherapy for a patient who has had a stroke.
(C) Mammography screening to detect breast cancer at an early stage.
(D) Vaccination against influenza.

198. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : Many hospital acquired infections are caused by multi-drug resistant organisms.
Reason (R) : The hospital environment, with its high concentration of sick patients and frequent use of antibiotics, provides an ideal setting for the selection and spread of resistant bacteria.
(A) Both A and R are true and R is the correct explanation of A.

(D) Development of a vaccine for Chikungunya.

250. Which of the following is a primary objective of the Ayushman Bharat - Health and Wellness Centres (AB-HWCs)?
(A) To shift the focus of healthcare from curative to comprehensive primary care, including preventive and promotive services.
(B) To provide health insurance for major surgeries.
(C) To regulate the pricing of medicines in the private market.
(D) To conduct nationwide disease surveillance.

Direction : Please read the following source carefully.

The epidemiology of communicable diseases in India presents a complex and dynamic challenge, broadly categorised into common, emerging, and re-emerging diseases. Common communicable diseases are those with a relatively stable and predictable incidence and prevalence within the population, often managed through routine public health interventions and surveillance. In contrast, emerging diseases are infections that have newly appeared in a population or have existed but are rapidly increasing in incidence or geographic range. Their novelty poses significant challenges to diagnosis, treatment, and control. The third category, re-emerging diseases, consists of infections that were previously on a downward trend or were considered controlled but have reappeared as significant public health problems. This resurgence is often linked to factors such as diminished public health measures, pathogen evolution, or changes in human demographics and behaviour. Understanding the distinct epidemiological characteristics of these three categories is fundamental for designing targeted prevention strategies, allocating resources effectively, and maintaining a robust public health response system capable of addressing both predictable threats and unforeseen outbreaks within the Indian context. The interplay between these categories underscores the need for continuous vigilance and adaptive health policies.
Based on the above source, attempt the following five questions.

251. Which of the following best describes an 'emerging disease' according to the passage?
(A) A disease that maintains a stable and predictable incidence rate.
(B) An infection newly identified or rapidly increasing its geographic spread.
(C) A disease that was previously controlled but has reappeared.
(D) A disease exclusively managed through routine public health surveillance.

252. The resurgence of 're-emerging diseases' is often attributed to which of the following factors?
(A) A decline in public health infrastructure or interventions.
(B) The successful implementation of new vaccination programs.
(C) The complete eradication of the pathogen from the environment.
(D) The consistent and predictable pattern of the disease's incidence.

253. Based on the source, what is the primary difference between a 'common' and a 're-emerging' disease?
(A) Common diseases are viral, whereas re-emerging diseases are bacterial.
(B) Common diseases are always non-infectious, unlike re-emerging diseases.
(C) Common diseases have predictable patterns, while re-emerging diseases represent a resurgence after a period of decline.
(D) Common diseases affect a wider geographic area than re-emerging diseases.

254. The passage implies that an effective public health response system in India must be:
(A) focused exclusively on managing common, predictable diseases.
(B) capable of reacting only to newly identified pathogens.
(C) rigid in its policies and unyielding to new epidemiological data.
(D) adaptive and prepared for both predictable and unexpected disease threats.

255. A disease that has been prevalent in a community for decades with a consistent number of cases each year would be classified as:
(A) an emerging disease.
(B) a re-emerging disease.
(C) a common communicable disease.
(D) a hospital-acquired infection.

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undernutrition and micronutrient deficiencies with rising rates of overweight and obesity.

207. Consider the following statements about the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):
I. It aims to provide fixed-day quality antenatal care.
II. The services are provided on the 9th day of every month.
III. It encourages the private sector to volunteer services.
IV. It is a scheme to provide cash transfers for institutional deliveries.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) III and IV only
(D) I, II and IV only

208. The 'incidence' of a disease is defined as the:
(A) Total number of existing cases in a population at a point in time.
(B) Number of new cases of a disease that develop in a population during a specified period.
(C) Number of deaths caused by the disease.
(D) Proportion of the population that is immune to the disease.

209. Which of the following is a non-communicable, occupational lung disease?
(A) Influenza
(B) Silicosis
(C) Tuberculosis
(D) Pneumonia

210. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : The National Health Mission (NHM) encompasses both the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM).
Reason (R) : NHM was launched to provide integrated and comprehensive healthcare to both rural and urban populations, especially the poor and vulnerable.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

211. The National Centre for Disease Control (NCDC), a key public health institution in India, has its headquarters in:
(A) Mumbai
(B) Chennai
(C) New Delhi
(D) Kolkata

212. Which of the following is the most important component of care for a person who has suffered a severe burn injury, after initial stabilization?
(A) Psychological counseling
(B) Nutritional support
(C) Vocational rehabilitation
(D) Infection prevention and control

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213. Given below are two statements.
Statement I : Glaucoma is a condition that damages the eye's optic nerve and gets worse over time.
Statement II : If diagnosed early, the progression of vision loss from glaucoma can often be slowed or prevented with medical treatment or surgery.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

214. Which of the following is NOT a behavioural risk factor for non-communicable diseases?
(A) Tobacco use
(B) Genetic predisposition
(C) Physical inactivity
(D) Unhealthy diet

215. Consider the following objectives of National Health Programmes:
I. To reduce the prevalence of preventable blindness.
II. To halt and reverse the HIV epidemic.
III. To eliminate Leprosy as a public health

present or incubating at admission.
(D) An infection that is resistant to all known antibiotics.

182. Which of the following is a key feature of the "DOTS" (Directly Observed Treatment, Short-course) strategy for TB control?
(A) Self-administered treatment for a long duration.
(B) A healthcare worker or trained volunteer watches the patient swallow each dose of medicine.
(C) Treatment with a single anti-TB drug.
(D) A strategy focused only on surgical intervention for TB.

183. Consider the following statements about the risk factors for cardiovascular diseases (CVDs):
I. Modifiable risk factors include tobacco use, unhealthy diet, and physical inactivity.
II. Non-modifiable risk factors include age, sex, and family history.
III. High blood pressure (hypertension) is a major modifiable risk factor.
IV. All risk factors for CVDs can be completely eliminated through lifestyle changes.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) III and IV only
(D) All of the above

184. The 'preparedness' stage of disaster management includes which of the following activities?
(A) Developing evacuation plans and conducting drills.
(B) Rebuilding destroyed homes.
(C) Conducting search and rescue missions.
(D) Providing long-term psychological counseling.

185. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : The Janani Shishu Suraksha Karyakram (JSSK) was launched to eliminate out-of-pocket expenditure for both pregnant women and sick infants.
Reason (R) : The scheme provides free entitlements like free delivery, drugs, diet, and transport to pregnant women and sick newborns accessing public health institutions.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

186. Which of these is a major source for national-level health and demographic data in India, conducted periodically?
(A) The National Family Health Survey (NFHS).
(B) The Annual Report of the Ministry of Health
(C) Daily hospital outpatient records
(D) The Economic Survey of India

187. The agent responsible for causing plague, a re-emerging disease, is:
(A) A virus
(B) A protozoan
(C) A fungus
(D) A bacterium (Yersinia pestis)

188. Which of the following is a primary prevention strategy against road traffic injuries?
(A) Efficient emergency medical services for accident victims.
(B) Enforcement of speed limits and seatbelt laws.
(C) Rehabilitation for people with disabilities due to accidents.
(D) Providing compensation to the families of victims.

189. Match the following items in List I with those in List II.
List I: (Disease Type)
P. Communicable, Common
Q. Communicable, Emerging
R. Non-Communicable
S. Occupational
List II: (Example)
1. Zika Virus Disease
2. Diabetes Mellitus
3. Byssinosis
4. Tuberculosis
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-1, R-2, S-3
(C) P-4, Q-2, R-1, S-3
(D) P-2, Q-4, R-3, S-1

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(B) The rate of death in a community.
(C) The state of being unwell.
(D) The transmission of disease from one person to another.

224. Consider the following statements about cancer in India:
I. Cancer is a major non-communicable disease and a leading cause of death.
II. Cancers of the oral cavity and lungs in males, and cervix and breast in females are the most common.
III. Tobacco use is a major preventable cause of cancer.
IV. All cancers are hereditary and cannot be prevented.
Which of the above statement(s) is/are correct?
(A) I and II only
(B) I, II and III only
(C) III and IV only
(D) All of the above

225. Which of the following is a key strategy for the prevention and control of cardiovascular diseases at the population level?
(A) Providing heart transplantation for all patients.
(B) Implementing policies to reduce salt intake, eliminate trans-fats, and control tobacco use.
(C) Focusing only on genetic research.
(D) Prescribing statins to the entire adult population.

226. What is the primary role of the National Disaster Response Force (NDRF) in India?
(A) To provide a specialized response to a threatening disaster situation or disaster.
(B) To formulate long-term disaster mitigation policies.
(C) To conduct research on the causes of natural disasters.
(D) To manage the financial relief and compensation for disaster victims.

227. A health survey finds that the number of people with hypertension in a village is 150 out of a total population of 1000 on a specific day. This figure (150/1000) represents the:
(A) Incidence of hypertension.
(B) Case fatality rate of hypertension.
(C) Point prevalence of hypertension.
(D) Mortality rate from hypertension.

228. Which of the following programmes aims for the elimination of Kala-azar from India by focusing on endemic blocks?
(A) National Leprosy Eradication Programme
(B) National AIDS Control Programme
(C) Revised National Tuberculosis Control Programme
(D) National Vector Borne Disease Control Programme

229. Given below are two statements, one is labelled as Assertion (A) and the other is labelled as Reason (R).
Assertion (A) : The Mental Healthcare Act, 2017, marks a paradigm shift from a custodial to a rights-based approach for mental healthcare.
Reason (R) : The Act ensures the right to access mental healthcare, the right to confidentiality, and protection from cruel, inhuman, or degrading treatment for persons with mental illness.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

230. The "IMNCI" strategy, adopted by India, focuses on the integrated management of:
(A) Non-communicable diseases in adults.
(B) Newborn and childhood illnesses.
(C) Geriatric health problems.
(D) Adolescent health issues.

231. The term 'quarantine' is best defined as:
(A) The physical isolation of clinically sick individuals to prevent the further spread of disease.
(B) The specialized chemical process of disinfecting a contaminated area after an outbreak.
(C) The immediate clinical treatment of a patient suffering from a severe infectious disease.
(D) The restriction of activities for well persons who have been exposed to a disease.

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(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

199. Consider the following:
I. Establishment of a national surveillance system for injuries.
II. Enactment and enforcement of traffic safety laws (e.g., helmet and seatbelt use).
III. Improvement of road design and infrastructure.
IV. Strengthening of pre-hospital and emergency trauma care.
V. Banning the sale of all private vehicles.
Which of the above are recognized public health strategies for preventing and managing road traffic injuries?
(A) I, II, and III only
(B) II, III, and IV only
(C) I, II, III, and IV only
(D) All of the above

200. The concept of 'contact tracing' is a key public health tool used in the control of which type of disease?
(A) Communicable diseases like Tuberculosis and COVID-19
(B) Genetic diseases
(C) Non-communicable diseases like diabetes
(D) Occupational diseases like asbestosis

201. What is the primary focus of the 'mitigation' phase of disaster management?
(A) Carrying out search and rescue operations.
(B) Providing food and shelter to displaced populations.
(C) Taking long-term measures to reduce or eliminate the impact of hazards.
(D) Rebuilding infrastructure after a disaster.

202. Given below are two statements.
Statement I : Non-communicable diseases (NCDs) are the leading cause of mortality in India.
Statement II : NCDs primarily affect the elderly and are not a significant health issue for younger populations.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

203. Which of the following is a key component of the Swachh Bharat Mission that directly impacts health?
(A) Providing free electricity to all households.
(B) Building roads in rural areas.
(C) Distributing free laptops to students.
(D) Eliminating open defecation by promoting toilet construction and use.

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204. Match the following items in List I with those in List II.
List I: (Term)
P. Zoonosis
Q. Nosocomial
R. Iatrogenic
S. Congenital
List II: (Associated Disease/Condition)
1. Infection acquired in a hospital
2. Defect present at birth
3. Disease transmitted from animal to human (e.g., Rabies)
4. Complication resulting from a medical procedure
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-4, Q-1, R-2, S-3
(D) P-3, Q-1, R-4, S-2

205. The Anopheles mosquito is a vector for which disease?
(A) Dengue
(B) Chikungunya
(C) Malaria
(D) Japanese Encephalitis

206. Which of the following best describes the public health challenge of 'double burden of malnutrition' seen in India?
(A) The problem of malnutrition in both children and the elderly.
(B) The burden of both protein and carbohydrate deficiency.
(C) The challenge of having two different types of vitamin deficiencies at the same time.
(D) The coexistence of high levels of

241. 'Bagassosis' is an occupational lung disease associated with exposure to the dust of:
(A) Coal
(B) Sugarcane
(C) Asbestos
(D) Silica

242. In the event of a chemical plant leak, which would be the most immediate action for the 'response' team?
(A) Evacuating and decontaminating the affected population.
(B) Assessing the long-term environmental impact.
(C) Formulating new safety regulations for chemical plants.
(D) Providing financial compensation to the victims.

243. The "Global Burden of Disease" (GBD) study primarily measures:
(A) The economic cost of diseases.
(B) The number of hospitals and doctors in a country.
(C) The mortality and disability from major diseases, injuries, and risk factors.
(D) The effectiveness of public health programs.

244. Which of the following is NOT a common symptom of a heart attack (myocardial infarction)?
(A) Chest pain or discomfort
(B) Pain in one or both arms, the back, neck, jaw, or stomach
(C) Shortness of breath
(D) High fever and rash

245. The 'Sample Registration System (SRS)' in India is a large-scale demographic survey for providing reliable annual estimates of:
(A) Agricultural production.
(B) Industrial growth.
(C) Infant mortality rate, birth rate, death rate, and other fertility & mortality indicators.
(D) The prevalence of non-communicable diseases.

246. Given below are two statements.
Statement I : The National Programme for Prevention and Control of Fluorosis (NPPCF) is a health initiative in India.
Statement II : The programme's objective is to prevent and control fluorosis in the community by providing safe drinking water and promoting nutritional supplements.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

247. The 'window period' in HIV infection refers to the time:
(A) When the person is most infectious.
(B) When the virus is completely dormant and cannot be transmitted.
(C) From diagnosis to the development of full-blown AIDS.
(D) Between infection and the appearance of detectable antibodies, during which a test may give a false-negative result.

248. Consider the following factors related to public health in India:
I. A large and diverse population.
II. A dual burden of communicable and non-communicable diseases.
III. Inter-state disparities in health indicators.
IV. A complex health system with public and private providers.
V. A completely disease-free population with no health challenges.
Which of the above statement(s) represent the current realities and challenges of the Indian health landscape?
(A) I, II, and III only
(B) I, II, III, and IV only
(C) II, III, IV, and V only
(D) All of the above

249. Which of the following is considered a major success of the National Vector Borne Disease Control Programme in India, apart from the reduction in Malaria?
(A) Eradication of Dengue.
(B) Complete elimination of the Aedes mosquito.
(C) A significant reduction in cases of Lymphatic Filariasis.

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232. Consider the following health-related schemes/ programmes in India:
I. Janani Suraksha Yojana (JSY)
II. Pradhan Mantri Jan Arogya Yojana (PM-JAY)
III. Mission Indradhanush
IV. National Food Security Act
V. Swachh Bharat Mission
Which of the above statement(s) have a direct and significant impact on public health outcomes?
(A) I, II and III only
(B) I, II, III and V only
(C) II, III and IV only
(D) All of the above

233. Which of the following is NOT a genetic disease?
(A) Thalassemia
(B) Sickle Cell Anemia
(C) Measles
(D) Down Syndrome

234. Given below are two statements.
Statement I : Handwashing with soap is one of the most effective and inexpensive ways to prevent diarrheal diseases and pneumonia.
Statement II : The Swachh Bharat Mission's focus on sanitation and hygiene reinforces the importance of practices like handwashing.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

235. The "Red Line Campaign" on medicine strips, launched by the Ministry of Health and Family Welfare, India, is aimed at curbing:
(A) The use of expired medicines.
(B) The high cost of cancer drugs.
(C) The problem of counterfeit medicines.
(D) The irrational use of antibiotics and the threat of AMR.

236. The most common cause of death due to injury in India is:
(A) Drowning
(B) Road traffic accidents
(C) Falls
(D) Burns

237. Which of the following is an example of 'tertiary prevention'?
(A) Educating teenagers about the dangers of smoking.
(B) Screening for high blood pressure.
(C) Providing vocational rehabilitation to a patient who has had a spinal cord injury.
(D) Administering a vaccine.

238. The World Health Organization (WHO) defines health as:
(A) The absence of disease or infirmity.
(B) The ability to perform daily activities without assistance.
(C) A state of optimal physical fitness.
(D) A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

239. The introduction of the Pentavalent vaccine under India's UIP provides protection against which five diseases?
(A) Diphtheria, Pertussis, Tetanus, Hepatitis B, and Hib.
(B) Diphtheria, Pertussis, Tetanus, Hepatitis B, and Measles
(C) Polio, Tetanus, Measles, Mumps, and Rubella
(D) Tuberculosis, Polio, Tetanus, Hepatitis B, and Hib

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240. Match the following items in List I with those in List II.
List I: (National Programme)
P. NACP
Q. NTEP
R. NPCBVI
S. NMHP
List II: (Key Focus Area)
1. Tuberculosis
2. HIV/AIDS
3. Mental Health
4. Blindness Control
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-1, R-4, S-2

Direction : Please read the following source carefully.

Hospital-acquired infections (HAIs), also known as nosocomial infections, represent a critical challenge within the Indian healthcare system, contributing significantly to patient morbidity and mortality. These are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting, which were not present or incubating at the time of admission. The epidemiology of HAIs is complex, involving the interplay of three key elements: the infectious agent, a susceptible host, and a chain of transmission within the healthcare environment. Sources of infection can be endogenous (from the patient's own flora) or exogenous (from contaminated equipment, healthcare personnel, or the hospital environment). The prevalence of HAIs is a key indicator of the quality and safety of patient care. A significant contemporary issue linked to HAIs is the rise of antimicrobial resistance (AMR), as pathogens prevalent in hospital settings are frequently exposed to a wide range of antibiotics, fostering the selection of resistant strains. Therefore, controlling HAIs requires a multi-pronged approach encompassing strict infection control protocols, hand hygiene, environmental sanitation, antimicrobial stewardship, and continuous surveillance to monitor infection rates and pathogen characteristics.

Based on the above source, attempt the following five questions.

256. According to the passage, when is an infection classified as hospital-acquired?
(A) When it is diagnosed at the moment a patient is admitted to the hospital.
(B) When it develops in a patient during their stay in a healthcare facility and was not present upon admission.
(C) When it is acquired by a healthcare worker from a patient.
(D) When it is caused by a pathogen that is resistant to all known antibiotics.

257. The passage identifies the epidemiology of HAIs as an interplay of which three core elements?
(A) The patient's genetic makeup, the cost of treatment, and the hospital's location.
(B) The physician's diagnosis, the nursing care plan, and the pharmacy's inventory.
(C) The patient's diet, the duration of hospital stay, and the type of insurance.
(D) The infectious agent, the susceptible host, and the chain of transmission.

258. What is the relationship between Hospital-Acquired Infections and Antimicrobial Resistance as described in the source?
(A) Hospital environments can promote the development of antimicrobial resistance in pathogens causing HAIs.
(B) Antimicrobial resistance is the primary cause of all hospital-acquired infections.
(C) Hospital-acquired infections are a direct result of failed antimicrobial treatments.
(D) The control of HAIs leads to an immediate increase in antimicrobial resistance.

259. The source suggests that the prevalence of HAIs can be used as an indicator for which of the following?
(A) The financial performance of a hospital.
(B) The level of government funding for healthcare.
(C) The quality and safety of patient care.
(D) The number of emerging diseases in a region.

260. A patient develops a urinary tract infection from a contaminated catheter used during their hospital stay. This would be an example of an infection from which source?
(A) An exogenous source.
(B) An endogenous source.
(C) A genetic source.
(D) A re-emerging source.

Direction : Please read the following source carefully.

Antimicrobial resistance (AMR) has emerged as one of the most pressing public health threats in India and globally, undermining the ability to treat a wide range of communicable diseases effectively. AMR occurs when microorganisms such as bacteria, viruses, fungi, and parasites change over time and no longer respond to medicines, making infections harder to treat and increasing the risk of disease spread, severe illness, and death. The development of resistance is a natural evolutionary phenomenon, but it is significantly accelerated by

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284. A key challenge in diagnosing occupational diseases, as stated in the text, is the:
(A) long latency period between exposure and symptoms.
(B) lack of effective diagnostic tools.
(C) high cost associated with testing.
(D) social stigma attached to these conditions.

285. The fundamental distinction made in the passage between occupational and genetic diseases is based on their:
(A) severity and impact on life expectancy.
(B) mode of transmission from person to person.
(C) root cause, being either workplace exposure or inherited factors.
(D) geographical distribution within India.

Direction : Please read the following source carefully.

Accidents, injuries, and disasters represent a significant, yet often overlooked, category of public health problems in India. Unlike diseases, which have a biological pathogen or a physiological cause, these events are typically sudden and result from the interaction between humans and their environment. From an epidemiological perspective, they are not random occurrences but predictable events with identifiable risk factors and patterns. This domain includes a wide range of issues such as road traffic accidents, falls, burns, poisonings, and injuries resulting from natural or man-made disasters. The public health approach to this problem moves beyond post-event emergency response to a more comprehensive strategy of prevention and control. This involves surveillance to understand the magnitude and pattern of injuries (who, what, when, where, and how), identifying key risk and protective factors, and developing, implementing, and evaluating interventions to mitigate these risks. For instance, strategies for reducing road traffic injuries may include improving road infrastructure, enforcing traffic laws, and promoting the use of seatbelts and helmets. Similarly, disaster management involves preparedness, mitigation, response, and recovery phases to minimize health consequences. Treating accidents and injuries as a public health issue allows for systematic efforts to reduce their incidence and severity, thereby saving lives and reducing disability.

Based on the above source, attempt the following five questions.

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286. How does the epidemiological perspective view accidents and injuries?
(A) As entirely random and unpredictable occurrences.
(B) As problems exclusively requiring an emergency medical response.
(C) As a subset of non-communicable diseases with physiological causes.
(D) As predictable events with identifiable patterns and risk factors.

287. The public health approach to injuries, as described in the passage, emphasizes a shift towards:
(A) focusing solely on the post-event emergency response.
(B) treating injuries as isolated, individual incidents.
(C) a comprehensive strategy that includes prevention and control.
(D) attributing all accidents to human error without further analysis.

288. According to the source, injury surveillance is crucial for:
(A) punishing the individuals responsible for accidents.
(B) understanding the pattern and magnitude of the problem.
(C) calculating the financial cost of hospital treatment.
(D) documenting the success of surgical interventions.

289. The passage provides improving road infrastructure and enforcing traffic laws as examples of interventions for which specific problem?
(A) Preventing injuries from natural disasters.
(B) Mitigating the effects of occupational poisonings.
(C) Controlling the spread of hospital-acquired infections.
(D) Reducing the incidence of road traffic injuries.

290. What is the core idea of treating accidents, injuries, and disasters as a public health issue?

wide interventions to reduce exposure to common risk factors and individual-level interventions focusing on early detection, affordable treatment, and management to prevent complications. National health programs targeting these diseases are therefore crucial for mitigating their impact on public health and economic productivity.

Based on the above source, attempt the following five questions.

266. What major shift in India's disease profile is highlighted in the passage?
(A) A decrease in the overall incidence of all diseases.
(B) A transition where non-communicable diseases have become the leading cause of death and illness.
(C) A rise in infectious diseases due to antimicrobial resistance.
(D) An increase in genetic diseases as the primary health concern.

267. The passage identifies cardiovascular diseases and diabetes as being intricately linked to:
(A) the re-emergence of previously controlled communicable diseases.
(B) a group of risk factors associated with lifestyle changes and urbanization.
(C) exposure to infectious agents in hospital settings.
(D) inherited genetic mutations that are becoming more common.

268. According to the source, managing chronic conditions like CVDs and diabetes requires a shift towards which model of care?
(A) A system providing long-term, continuous care.
(B) A model based on short-term, acute interventions.
(C) A focus on emergency and trauma care.
(D) A strategy that relies solely on surgical procedures.

269. The passage suggests that an effective public health strategy for tackling CVDs and diabetes should involve:
(A) focusing only on treating patients who are already severely ill.
(B) a strategy that relies exclusively on international aid to fund health initiatives.
(C) a combination of population-wide prevention and individual-level care.
(D) prioritizing the health of urban populations over rural ones.

270. Which of the following conditions is explicitly mentioned as a type of cardiovascular disease in the source?
(A) Rheumatic heart disease.
(B) Diabetes Mellitus.
(C) Occupational lung disease.
(D) Hypertension.

Direction : Please read the following source carefully.

Within the broad spectrum of non-communicable diseases (NCDs) affecting the Indian population, cancers and rheumatic heart disease represent two distinct but significant public health challenges. Cancers are a large group of diseases characterized by the uncontrolled growth and spread of abnormal cells. The epidemiology of cancer in India is complex, with variations in incidence and type based on geography, lifestyle, and exposure to carcinogens such as tobacco. Public health approaches to cancer focus on prevention through risk factor reduction, early detection through screening programs, and access to timely and affordable treatment. Rheumatic heart disease (RHD), on the other hand, is a preventable condition that illustrates the link between communicable and non-communicable diseases. It results from damage to the heart valves caused by one or several episodes of rheumatic fever, an inflammatory reaction to a throat infection caused by the streptococcus bacteria. RHD primarily affects children and young adults in low-resource settings and is often considered a disease of poverty. While cancers are typically associated with cellular and genetic aberrations, RHD is a chronic cardiac consequence of an inadequately treated bacterial infection, highlighting the diverse origins and pathways of NCDs and the need for tailored national health programs for their prevention and control.

Based on the above source, attempt the following five questions.

271. What fundamental characteristic defines cancers as described in the passage?
(A) The spread of a bacterial infection

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the misuse and overuse of antimicrobial agents in human medicine, agriculture, and animal husbandry. In the context of India's health problems, AMR complicates the management of common infections and escalates the danger posed by hospital-acquired infections. Pathogens that develop resistance in one location can spread rapidly, crossing geographical and species barriers. Addressing AMR requires a coordinated, multi-sectoral "One Health" approach, which involves strengthening surveillance systems to track resistance patterns, promoting rational use of antibiotics through antimicrobial stewardship programs, preventing infections through improved sanitation and hygiene, and investing in research and development for new antibiotics, diagnostics, and vaccines. The challenge is not merely medical but also behavioural, economic, and regulatory.
Based on the above source, attempt the following five questions.

261. What is the primary definition of Antimicrobial Resistance (AMR) provided in the passage?
(A) The process by which new antibiotics are discovered and developed.
(B) The natural immunity a person develops after recovering from an infection.
(C) The overuse of cleaning agents in hospital environments, leading to sterile conditions.
(D) A situation where microorganisms no longer respond to the medicines designed to kill them.

262. The passage states that the development of AMR, while a natural process, is greatly accelerated by:
(A) the natural evolution of the human immune system.
(B) the misuse and overuse of antimicrobial medicines.
(C) the implementation of widespread vaccination programs.
(D) the increasing incidence of non-communicable diseases.

263. The source suggests that AMR complicates the management of which two specific types of health problems in India?
(A) Genetic diseases and occupational diseases.
(B) Mental health disorders and blindness.
(C) Common infections and hospital-acquired infections.
(D) Accidents and injuries.

264. What does the "One Health" approach to combating AMR, as mentioned in the text, imply?
(A) A focus solely on developing new antimicrobial drugs for human use.
(B) An approach that considers only the economic impact of AMR.
(C) A legislative framework that bans the use of all antibiotics.
(D) A coordinated effort involving human medicine, animal health, and the environment.

265. Based on the passage, which of the following is NOT listed as a strategy to address AMR?
(A) Encouraging the prophylactic use of antibiotics for all hospital patients.
(B) Promoting the rational use of antibiotics.
(C) Strengthening surveillance systems to track resistance.
(D) Investing in research for new diagnostics and vaccines.

Direction : Please read the following source carefully.

In India, non-communicable diseases (NCDs) have surpassed communicable diseases as the leading cause of mortality and morbidity, reflecting a significant epidemiological transition. Among the most prominent NCDs are cardiovascular diseases (CVDs) and diabetes. CVDs encompass a range of conditions affecting the heart and blood vessels, including coronary heart disease, cerebrovascular disease, and hypertension. Diabetes, particularly Type 2, is a metabolic disorder characterized by high blood sugar levels over a prolonged period. The escalating prevalence of these two conditions is intricately linked to a combination of risk factors, including urbanization, changing lifestyles, unhealthy diets, physical inactivity, and tobacco use. From an epidemiological standpoint, the burden of CVDs and diabetes is not uniform, affecting various demographic and socioeconomic groups differently. The management of these chronic conditions poses a substantial challenge to the Indian health system, requiring a paradigm shift from acute, episodic care to long-term, continuous care. Effective public health strategies involve a dual approach: population-

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278. What is identified as a major reason for the "treatment gap" in mental health care in India?
(A) The high cost of antidepressant medications.
(B) A combination of stigma, lack of awareness, and shortage of professionals.
(C) The ineffectiveness of all available therapies for mental disorders.
(D) The classification of mental health as a communicable disease.

279. The passage suggests a key strategy for addressing mental health challenges in India is to:
(A) build more specialized psychiatric hospitals in urban centers.
(B) focus solely on pharmacological treatments.
(C) integrate mental health services into the primary healthcare system.
(D) treat mental health disorders only after they become severe.

280. What common impact of both blindness and mental health disorders is highlighted in the text?
(A) They both primarily affect the elderly population.
(B) They are both caused by bacterial infections.
(C) They are both effectively managed by short-term antibiotic courses.
(D) They both profoundly affect quality of life and economic productivity.

Direction : Please read the following source carefully.

Beyond the more commonly discussed non-communicable diseases, occupational diseases and genetic diseases constitute two specialized categories with distinct epidemiological considerations in India. Occupational diseases are conditions or disorders that are caused or aggravated by workplace exposures to physical, chemical, biological, or psychosocial hazards. Their epidemiology is intrinsically linked to industrial and agricultural sectors, with specific diseases like silicosis, asbestosis, noise-induced hearing loss, and pesticide poisoning being prevalent in certain occupations. The primary challenge lies in prevention, which involves engineering controls, use of personal protective equipment, and regular health surveillance of workers. Diagnosis is often complicated by a long latency period between exposure and disease onset. On the other hand, genetic diseases are caused by abnormalities in an individual's DNA. These can range from single-gene disorders like thalassemia and sickle-cell anemia, which are significant public health problems in certain Indian communities, to complex chromosomal abnormalities. The public health approach to genetic diseases focuses on population screening for carriers, genetic counseling, prenatal diagnosis, and supportive care, rather than cure. While occupational diseases are rooted in environmental exposures at work, genetic diseases are determined by inherited factors, requiring different frameworks for prevention, surveillance, and management within the national health agenda.

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Based on the above source, attempt the following five questions.

281. What is the defining characteristic of an occupational disease according to the passage?
(A) It is caused or worsened by exposures in the workplace environment.
(B) It is caused by an abnormality in an individual's DNA.
(C) It is easily curable with a short course of medication.
(D) It only affects workers in the agricultural sector.

282. The source mentions silicosis and asbestosis as examples of:
(A) genetic diseases common in India.
(B) occupational diseases linked to specific exposures.
(C) hospital-acquired infections.
(D) re-emerging communicable diseases.

283. How does the public health approach to genetic diseases primarily differ from that for many other diseases?
(A) It focuses on surgical intervention and emergency care.
(B) It emphasizes carrier screening, genetic counseling, and supportive care.
(C) It relies on improving workplace safety and engineering controls.
(D) It is centered around antibiotic stewardship and infection control.

Direction : Please read the following source carefully.

Effective implementation and evaluation of National Health Programs in India are critically dependent on the availability of reliable and timely data from various sources. Epidemiological surveillance and program monitoring are built upon a foundation of robust data collection, analysis, and interpretation. These data sources can be broadly categorized. First, routine reporting systems from health facilities, such as the Health Management Information System (HMIS), provide continuous data on service delivery, disease incidence, and program performance indicators. Second, periodic population-based surveys, like the National Family Health Survey (NFHS) or Sample Registration System (SRS), offer crucial insights into the health status, risk factor prevalence, and healthcare utilization patterns of the broader community, capturing data from those who may not access the health system. Third, specific disease surveillance programs, such as the Integrated Disease Surveillance Programme (IDSP), are designed to detect and respond to outbreaks of communicable diseases rapidly. Data from these diverse sources are essential for evidence-based decision-making, allowing public health officials to assess the magnitude of health problems, monitor trends over time, identify high-risk areas and populations, and evaluate the impact and effectiveness of interventions. The quality, completeness, and timeliness of data are paramount for the efficient management and strategic planning of all national health initiatives.

Based on the above source, attempt the following five questions.

296. What fundamental role do data sources play in National Health Programs?
(A) They are primarily used for billing and financial auditing.
(B) Their main purpose is to market the success of the programs to the public.
(C) They are collected once at the start of a program and not updated.
(D) They form the basis for evidence-based decision-making and evaluation.

297. The Health Management Information System (HMIS) is presented as an example of which type of data source?
(A) A routine reporting system from health facilities.
(B) A specific disease surveillance program.
(C) A periodic population-based survey.
(D) A research study on genetic diseases.

298. How do periodic population-based surveys like the NFHS contribute to health data, according to the passage?
(A) By providing real-time alerts for communicable disease outbreaks.
(B) By offering insights into the health status of the broader community, including non-users of health facilities.
(C) By exclusively tracking the performance of individual doctors and nurses.
(D) By collecting daily data on the number of patients admitted to hospitals.

299. The Integrated Disease Surveillance Programme (IDSP) is specifically designed for what purpose?
(A) To estimate the prevalence of non-communicable diseases.
(B) To rapidly detect and respond to communicable disease outbreaks.
(C) To conduct genetic screening in high-risk communities.
(D) To evaluate the quality of care in private hospitals.

300. The passage concludes by emphasizing that for efficient management of health initiatives, the data must be:
(A) of high quality, complete, and timely.
(B) complex and difficult for the public to interpret.
(C) focused only on positive outcomes and successes.
(D) kept confidential from state-level health officials.

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(A) To allow for systematic efforts to reduce their occurrence and impact.
(B) To reclassify them as communicable diseases for funding purposes.
(C) To limit the response to government agencies only.
(D) To focus exclusively on man-made disasters over natural ones.

Direction : Please read the following source carefully.

National Health Programs in India are the cornerstone of the public health delivery system, designed to address the country's most pressing health challenges. These are centrally sponsored schemes, often implemented in partnership with state governments, that provide a structured framework for tackling specific health problems on a large scale. The scope of these programs is vast, covering the entire spectrum of health issues outlined in the national health agenda, including communicable diseases, non-communicable diseases, maternal and child health, and other specific conditions. The fundamental objective of any national health program is to reduce the burden of a particular disease or health problem through a combination of preventive, promotive, and curative services. This typically involves setting clear, measurable targets; defining a package of interventions; establishing service delivery mechanisms that reach the target population; and creating a system for monitoring and evaluation. For example, a program targeting a communicable disease might focus on vaccination and surveillance, while a program for a non-communicable disease might emphasize screening, lifestyle modification counseling, and ensuring a supply of affordable medicines. The success of these programs is contingent upon robust financing, a well-trained health workforce, community participation, and strong political commitment.

Based on the above source, attempt the following five questions.

291. What is the primary role of National Health Programs in India as described in the passage?
(A) To conduct basic biomedical research in laboratories.
(B) To exclusively fund private healthcare institutions.
(C) To provide a structured framework for tackling major health problems.
(D) To regulate the training of medical professionals.

292. The passage indicates that National Health Programs in India are typically implemented:
(A) in partnership between the central and state governments.
(B) solely by the central government without state involvement.
(C) entirely by non-governmental organizations (NGOs).
(D) by international health agencies like the WHO.

293. A key component of a national health program, as mentioned in the source, is:
(A) focusing only on curative services for hospitalized patients.
(B) providing services only to the urban population.
(C) excluding community participation to ensure efficiency.
(D) setting clear, measurable targets and a system for monitoring.

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294. According to the text, a national program targeting a non-communicable disease would likely emphasize:
(A) mass vaccination campaigns and vector control.
(B) screening, lifestyle counseling, and affordable medicines.
(C) emergency surgical interventions for trauma.
(D) antibiotic distribution and antimicrobial stewardship.

295. The success of national health programs is described as being contingent upon which of the following?
(A) A singular focus on high-technology medical equipment.
(B) The exclusion of preventive and promotive services.
(C) Robust financing, a trained workforce, and community participation.
(D) The ability to function independently of state governments.

quality of life, as the underlying lung damage is usually irreversible.

8. (A) Diabetes is a communicable disease transmitted through blood contact.
Diabetes mellitus is a metabolic disorder characterized by high blood glucose levels and is strictly a non-communicable disease. It is not transmitted through infectious agents, blood contact, or physical proximity. In India, Type 2 diabetes is highly prevalent due to lifestyle factors, urbanization, and genetic predisposition. Public health initiatives, such as the national program for cancer and diabetes, focus on early screening and management to prevent complications like heart disease, kidney failure, and permanent vision loss.

9. (A) P-3, Q-1, R-4, S-2
Different infectious diseases utilize distinct transmission pathways that dictate public health control strategies. Tuberculosis is primarily spread through airborne droplets during coughing or sneezing. Malaria requires a biological vector, specifically the female Anopheles mosquito, for transmission. HIV/AIDS is transmitted via sexual contact or exposure to infected blood. Cholera is a classic water-borne disease resulting from the ingestion of contaminated food or water. Understanding these modes is essential for implementing effective disease prevention and outbreak management.

10. (A) Anthracosis
Occupational lung diseases result from the prolonged inhalation of specific industrial dusts or particles. Anthracosis, often called black lung disease, is caused by the accumulation of coal dust in the lungs of miners. Other similar conditions include silicosis from silica dust and asbestosis from asbestos fibers. These conditions lead to chronic inflammation and progressive fibrosis of the lung tissue. Prevention relies heavily on workplace safety measures, proper ventilation, and the use of personal protective equipment.

11. (D) An autoimmune response following a previous Group A streptococcal infection.
Rheumatic heart disease is a chronic condition caused by permanent damage to the heart valves. This damage results from rheumatic fever, which is an inflammatory autoimmune response triggered by an untreated or poorly treated throat infection caused by Group A Streptococcus bacteria. It is a significant public health concern in developing regions. Primary prevention involves the prompt use of antibiotics for streptococcal pharyngitis, while secondary prevention requires long-term antibiotic prophylaxis to prevent recurrent attacks of rheumatic fever.

12. (B) I, II and III only
Emerging infectious diseases are characterized by their recent appearance in a population or a rapid increase in their incidence or geographic range. These diseases can be caused by various pathogens, including viruses, bacteria, fungi, or parasites. COVID-19, caused by a novel virus, is a definitive example of an emerging disease that impacted global health. Effective management of these threats requires robust international surveillance, rapid diagnostic capabilities, and coordinated public health responses to contain potential global pandemics.

13. (C) Strengthen national disease surveillance systems for early detection and response to outbreaks.
The Integrated Disease Surveillance Programme is a decentralized, state-based surveillance system in India. Its primary objective is to detect and respond to early warning signals of disease outbreaks caused by epidemic-prone pathogens. By collecting and analyzing data on various diseases, the program enables public health authorities to initiate rapid interventions. This system is crucial for monitoring infectious disease trends and ensuring that the healthcare infrastructure can effectively manage and contain potential public health emergencies.

14. (D) Sickle Cell Anemia - A condition where red blood cells become misshapen and break down prematurely.
Sickle cell anemia is an inherited blood disorder where hemoglobin abnormalities cause red blood cells to become rigid and sickle-shaped. These misshapen cells can block blood flow, causing pain and organ damage, and they break down more quickly than normal cells, leading to chronic anemia. This genetic condition is particularly prevalent in certain populations and requires lifelong management. Unlike communicable diseases, it is passed from parents

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ANSWERS

1. (B) Diphtheria
Diphtheria is an acute bacterial infection that primarily affects the mucous membranes of the throat and nose. While vaccination efforts significantly reduced its prevalence, it remains a notable re-emerging disease in India due to gaps in immunization coverage among specific populations. Re-emerging diseases are those that were once a major health problem and then declined dramatically, but are now appearing again in a significant number of people.

2. (D) Statement I is incorrect, but Statement II is correct.
Non-communicable diseases are defined by their non-infectious nature and are not transmitted from person to person. They are typically characterized by long durations and slow progression. Major examples within the Indian healthcare context include cardiovascular diseases, various cancers, chronic respiratory conditions, and diabetes. These conditions contribute significantly to the national mortality rate, necessitating robust public health interventions focused on lifestyle modifications, early screening, and long-term management.

3. (C) The developed resistance of a microbe to an antimicrobial drug that was previously effective for treating its infections.
Antimicrobial resistance occurs when bacteria, viruses, fungi, and parasites change over time and no longer respond to medicines. This makes infections harder to treat and increases the risk of disease spread, severe illness, and death. It refers to the developed ability of a microorganism to withstand the effects of an antimicrobial drug that was formerly effective. This phenomenon is a major global health threat driven by medicinal misuse.

4. (D) Man-made disaster
Disasters are broadly classified based on their origin, with man-made disasters resulting from human intent, negligence, or error. A major road traffic accident involving multiple vehicles is a classic example of a technological or man-made disaster. Unlike natural disasters triggered by environmental forces, these incidents stem from human activities and infrastructure failures. Effective management requires specific emergency response protocols, trauma care systems, and preventative safety regulations on highways.

5. (C) Otitis media
The National Programme for Control of Blindness focuses on conditions that are leading causes of visual impairment. Primary targets include cataracts, refractive errors, glaucoma, and corneal blindness. While otitis media is a significant public health issue causing hearing loss, it is not a primary cause of blindness. Eye care initiatives emphasize early detection and treatment of lens opacification and pressure-related optic nerve damage to reduce the national prevalence of avoidable and permanent visual disability.

6. (A) Both A and R are true and R is the correct explanation of A.
Hospital acquired infections, also known as nosocomial infections, occur in patients during their stay in a healthcare facility. These infections were not present or incubating at the time of admission. They represent a major threat to patient safety because they often involve pathogens that have developed resistance to multiple drugs. Consequently, these infections can lead to prolonged hospital stays, increased medical costs, and higher mortality rates for patients undergoing treatment for other conditions.

7. (D) Non-communicable disease
Chronic Obstructive Pulmonary Disease is a long-term, progressive lung condition typically caused by prolonged exposure to irritating gases or particulate matter, most often from cigarette smoke. As it is not caused by an infectious agent and cannot be transmitted between individuals, it is classified as a non-communicable disease. Management focuses on reducing exposure to risk factors, symptomatic relief, and improving

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throughout the body.
(B) An inflammatory reaction to a throat infection.
(C) The uncontrolled growth and spread of abnormal cells.
(D) The progressive damage to heart valves over time.

272. The passage highlights Rheumatic Heart Disease as an example of a link between which two disease categories?
(A) Genetic diseases and occupational diseases.
(B) Communicable diseases and non-communicable diseases.
(C) Mental health disorders and injuries.
(D) Emerging diseases and re-emerging diseases.

273. According to the source, Rheumatic Heart Disease is a direct consequence of:
(A) exposure to carcinogens like tobacco.
(B) a metabolic disorder related to high blood sugar.
(C) a genetic predisposition to cardiac malfunction.
(D) an inflammatory reaction following an untreated streptococcal throat infection.

274. The epidemiology of cancer in India is described as complex, with variations in incidence based on factors like:
(A) geography, lifestyle, and exposure to carcinogens.
(B) the prevalence of antimicrobial resistance.
(C) the frequency of natural disasters.
(D) the rate of hospital-acquired infections.

275. The source implies that a key difference in the origin of cancer and RHD is that:
(A) cancer is purely genetic while RHD is purely environmental.
(B) cancer is preventable through vaccination, whereas RHD is not.
(C) RHD stems from a bacterial infection, while cancers involve cellular abnormalities.
(D) RHD primarily affects older adults, whereas cancer affects children.

Direction : Please read the following source carefully.

Blindness and mental health disorders are critical components of the non-communicable disease burden in India, each with unique epidemiological characteristics and public health implications. Blindness, as a public health issue, extends beyond complete loss of sight to include severe visual impairment. A significant proportion of blindness in India is preventable or curable. Epidemiological studies focus on identifying the leading causes, such as cataract, refractive errors, glaucoma, and diabetic retinopathy, to guide targeted interventions under national programs for control of blindness. These programs emphasize screening, access to cataract surgery, and provision of corrective glasses. Concurrently, mental health has gained recognition as a major public health concern. Mental health disorders encompass a wide range of conditions, including depression, anxiety disorders, and severe mental illness, which contribute significantly to morbidity and disability across all age groups. The challenge in India is compounded by a substantial treatment gap, driven by stigma, lack of awareness, and a shortage of trained mental health professionals. Addressing mental health requires integrating it into primary healthcare, promoting mental health literacy, and ensuring the availability and accessibility of care. Both blindness and mental health disorders profoundly impact an individual's quality of life and economic productivity, necessitating robust national programs for their prevention and management.

Based on the above source, attempt the following five questions.

276. The passage states that a significant portion of blindness in India is:
(A) preventable or curable through targeted interventions.
(B) caused exclusively by genetic factors.
(C) completely untreatable with modern medicine.
(D) a direct result of mental health disorders.

277. According to the source, which of the following is NOT listed as a leading cause of blindness that public health programs target?
(A) Cataract.
(B) Refractive errors.
(C) Diabetic retinopathy.
(D) Accidental eye injuries.

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to children through specific genetic mutations in the hemoglobin genes.

15. (A) Both Statement I and Statement II are correct.
The National Mental Health Programme was established to provide essential mental healthcare services through the general health system. Complementing this, the Mental Healthcare Act of 2017 introduced a rights-based framework for treatment and officially decriminalized attempted suicide in India. These initiatives aim to reduce the treatment gap, combat social stigma, and ensure that individuals with mental health conditions receive humane care. Integrating mental health into primary care is a key strategy for improving national health outcomes.

16. (A) I, II, III, IV
India's public health landscape has been shaped by various national programs launched over several decades. The National Leprosy Control Programme began in 1955, followed by the first phase of the National AIDS Control Programme in 1992. Later, the Janani Suraksha Yojana was introduced in 2005 to improve maternal health through institutional deliveries. Most recently, Ayushman Bharat was launched in 2018. This chronological progression reflects the evolving priorities of the government in addressing both infectious and chronic health challenges.

17. (B) A sudden spike in gastroenteritis cases among guests who attended a specific wedding.
A common source epidemic occurs when a group of people is exposed to the same infectious agent or toxin from a shared source. A sudden outbreak of gastroenteritis among guests at a single event, such as a wedding, perfectly illustrates this concept, as the illness stems from a common food or water source. This is distinct from propagated outbreaks, like measles or influenza, where the disease spreads from person to person over a longer period across the community.

18. (A) Long-term measures taken to minimize the destructive effects of a specific hazard.
Mitigation is a critical phase in the disaster management cycle focused on reducing the potential impact of future disasters. It involves implementing long-term strategies and physical measures, such as building earthquake-resistant structures or improving drainage systems to prevent floods. Unlike immediate response actions taken during an emergency, mitigation aims to lessen the vulnerability of communities before a disaster occurs. These proactive steps are essential for building resilience and protecting lives and infrastructure from inevitable environmental or man-made hazards.

19. (C) Pancreatic cancer
The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke prioritizes the screening of highly prevalent cancers that can be detected early. Current population-based screening efforts in India specifically target oral, breast, and cervical cancers. Pancreatic cancer, while serious, is not a primary focus of these mass screening initiatives due to the lack of cost-effective, non-invasive screening tools for the general population. Early detection of the targeted cancers significantly improves treatment success and survival rates.

20. (C) I, II, III, and V only
The National Vector Borne Disease Control Programme is an integrated framework for preventing and controlling six major diseases, including malaria, dengue, chikungunya, Japanese encephalitis, kala-azar, and lymphatic filariasis. The program emphasizes vector control strategies, such as the distribution of insecticide-treated bed nets, rather than focusing on non-communicable diseases. By addressing the environmental and biological factors that facilitate the spread of these pathogens, the program aims to reduce the overall burden of parasitic and viral infections in endemic regions.

21. (A) Both A and R are true and R is the correct explanation of A.
Hypertension is a critical risk factor for cardiovascular diseases because persistent high blood pressure places excessive stress on the cardiovascular system. Over time, this pressure causes structural damage to the arterial walls, facilitating the development of atherosclerosis, where arteries narrow and harden. This process increases the heart's workload and restricts blood flow to vital organs. Consequently, individuals with uncontrolled hypertension face a significantly higher risk of experiencing life-threatening events such as myocardial infarction or ischemic stroke.

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global 2030 target mentioned in some contexts. This policy serves as a strategic framework for transforming the healthcare system to meet evolving national needs.

63. (A) Virus
Japanese Encephalitis is a serious infectious disease of the brain caused by a virus belonging to the Flavivirus family. It is primarily transmitted to humans through the bite of infected Culex mosquitoes, which often breed in flooded rice fields. While many infections are mild, the virus can cause severe inflammation of the brain, leading to permanent neurological damage or death. Prevention strategies focus on mosquito control, environmental management, and widespread vaccination programs in endemic regions to protect vulnerable populations, especially children.

64. (B) An ailment caused by medical examination or treatment.
An iatrogenic disease is any adverse condition or illness that results from medical treatment or diagnostic procedures. This can include side effects of medications, complications from surgery, or infections acquired during medical care. It is a specific category of health problem that stems directly from the healthcare process rather than from natural causes or workplace hazards. Monitoring and minimizing iatrogenic events are essential for ensuring patient safety and improving the quality of medical services within hospitals and other clinical settings.

65. (A) II, IV, I, III
The disaster management cycle follows a logical sequence to manage risks and respond to emergencies effectively. It begins with mitigation to reduce the long-term impact of hazards, followed by preparedness to ensure readiness before an event occurs. When a disaster strikes, the response phase involves immediate actions to save lives. Finally, the recovery phase focuses on restoring the community to its normal state. This cyclical approach ensures that lessons learned from one event are used to improve future resilience and disaster management strategies.

66. (A) Mass vaccination against HIV.
The National AIDS Control Programme employs several key strategies to combat the HIV epidemic, including awareness campaigns, blood safety measures, and targeted interventions for high-risk groups. However, mass vaccination is not a part of this program because an effective and approved vaccine against HIV does not currently exist. Instead, the focus remains on prevention through education, the provision of free antiretroviral therapy for those infected, and preventing the transmission of the virus from parents to children during pregnancy and childbirth.

67. (C) Byssinosis
Byssinosis is an occupational lung disease caused by the inhalation of cotton, flax, or hemp dust, most commonly seen in textile mill workers. It is often characterized by a feeling of chest tightness that is notably worse on the first day back at work after a break, a phenomenon frequently referred to as Monday fever. Over time, chronic exposure can lead to permanent lung damage. Prevention involves improving ventilation in mills, using dust extraction systems, and providing workers with appropriate respiratory protection.

68. (D) HIV/AIDS
The red ribbon is a universally recognized symbol used to express support for people living with HIV/AIDS and to increase public awareness about the disease. It signifies solidarity with those affected and serves as a reminder of the ongoing global efforts to prevent the spread of the virus and provide effective treatment. Wearing the ribbon is a common practice during health campaigns and on World AIDS Day, helping to combat the social stigma and discrimination that often accompany the illness.

69. (D) Statement I is incorrect, but Statement II is correct.
A cataract is a clouding of the eye's natural lens that leads to a progressive loss of vision. Importantly, it is a reversible cause of blindness because it can be effectively treated through a standard surgical procedure. During surgery, the cloudy lens is replaced with a clear artificial one, restoring sight for the majority of patients. This intervention is affordable and highly successful, making it a primary focus of national eye care programs aimed at reducing the prevalence of avoidable visual impairment.

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29. (A) Both Statement I and Statement II are correct.
Silicosis is a permanent and progressive lung disease caused by the inhalation of microscopic particles of crystalline silica. It is a well-recognized occupational hazard particularly prevalent among workers in industries such as mining, stone crushing, and construction. The inhaled dust causes chronic inflammation and the formation of scar tissue in the lungs, leading to breathing difficulties. Because there is no cure for the resulting lung damage, public health efforts must focus on workplace safety, dust control, and respiratory protection.

30. (A) I, II, and III only
The response phase of the disaster management cycle involves immediate actions taken during or directly after a disaster to save lives and meet basic needs. For an earthquake, this includes conducting rapid needs assessments, setting up field hospitals for trauma care, and ensuring access to safe water to prevent secondary disease outbreaks. While psychological counseling and infrastructure reconstruction are vital, they generally fall under the recovery phase, which focuses on long-term restoration and helping the community return to normalcy.

31. (A) It is a universal scheme covering every citizen of India irrespective of economic status.
The Pradhan Mantri Jan Arogya Yojana is a targeted health insurance scheme designed to provide financial protection to the bottom forty percent of India's population. It is not a universal scheme for every citizen, as eligibility is based on specific occupational and deprivation criteria identified in the Socio-Economic Caste Census. As the world's largest government-funded health program, it provides significant coverage for secondary and tertiary hospitalization, helping vulnerable families avoid catastrophic health expenditures while addressing both infectious and chronic conditions.

32. (B) Declined dramatically in the past but is now becoming a problem again.
A re-emerging disease is an infectious condition that was previously controlled or significantly reduced in a specific population but is now increasing in incidence or geographic range. This resurgence can be caused by various factors, including the development of drug resistance, changes in the environment, or a decline in public health measures like vaccination coverage. These diseases pose a renewed threat to health systems that may have shifted their focus to other emerging or non-communicable health challenges.

33. (B) Unhealthy diet and physical inactivity
Many major non-communicable diseases share common, modifiable behavioral risk factors. An unhealthy diet, characterized by high salt and sugar intake, and a lack of regular physical activity contribute significantly to the development of cardiovascular diseases, Type 2 diabetes, and certain types of cancer. These factors lead to intermediate risks like obesity, high blood pressure, and elevated blood glucose. Addressing these lifestyle choices through public health education and policy interventions is the most effective strategy for reducing the collective burden of these chronic conditions.

34. (A) Both A and R are true and R is the correct explanation of A.
The Janani Suraksha Yojana is a key maternal health initiative implemented under the National Health Mission. It utilizes conditional cash transfers to incentivize pregnant women, particularly those from low-income families, to opt for institutional deliveries instead of giving birth at home. By ensuring that births occur in healthcare facilities under the supervision of skilled birth attendants, the program aims to provide immediate medical care for complications. This strategy is essential for reducing maternal and neonatal mortality rates across the country.

35. (C) Population, health, and nutrition indicators.
The National Family Health Survey is a large-scale, multi-round survey conducted across India to provide high-quality data on a wide range of demographic and health topics. It serves as a primary source of information regarding fertility, family planning, infant and child mortality, maternal health, and nutritional status. These indicators are vital for policymakers to monitor the progress of various health initiatives, identify emerging challenges, and allocate resources effectively to improve the health outcomes of the Indian population.

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the bacterium responsible for causing typhoid fever. The other pairings are correct: tuberculosis is caused by Mycobacterium tuberculosis, malaria by Plasmodium parasites, and AIDS by the Human Immunodeficiency Virus. Mismatching pathogens and diseases can lead to incorrect public health responses and clinical management, as bacterial and viral infections require different interventions.

50. (D) All of the above
India faces a diverse range of public health challenges that require targeted national responses. Cataract-induced blindness, road traffic injuries, diabetes mellitus, mental health disorders, and malnutrition are all significant issues addressed through specific government programs and policies. These initiatives, such as the National Programme for Control of Blindness and Ayushman Bharat, aim to reduce mortality and disability while improving the overall quality of life. The comprehensive nature of these programs reflects a commitment to addressing both infectious and non-communicable health burdens across the country.

51. (A) P-2, Q-3, R-1, S-4
Epidemiological terms describe the occurrence and spread of diseases within populations. An epidemic refers to more cases than expected in a specific area, while a pandemic is an epidemic that has spread globally. Endemic diseases are constantly present in a particular geographic region. An outbreak is often used to describe a more localized or sudden increase in disease cases. Using these terms correctly allows public health officials to communicate the scale and severity of a health threat and to coordinate appropriate levels of response.

52. (D) The incidence of ill health in a population.
In epidemiology, morbidity refers to the state of being diseased or unhealthy within a population. It encompasses the incidence and prevalence of various illnesses and disabilities, reflecting the overall health burden beyond just mortality rates. Monitoring morbidity is essential for understanding the impact of diseases on quality of life and for planning healthcare services. It differs from mortality, which specifically refers to the number of deaths, and from life expectancy, which is a broader measure of the average time a person is expected to live.

53. (C) The first hour after an injury when medical treatment has the highest chance of success.
The golden hour is a critical concept in trauma care, referring to the immediate period following a serious injury. During this time, prompt medical intervention is most likely to prevent death and minimize long-term disability. Effective trauma systems aim to provide rapid stabilization and transport to a healthcare facility within this window. While not literally exactly sixty minutes in every case, it emphasizes that early treatment for conditions like severe bleeding or head injuries is vital for improving patient survival and clinical outcomes.

54. (B) Sample Registration System (SRS)
The Sample Registration System is a large-scale demographic survey in India that provides reliable annual estimates of vital statistics, including birth and death rates. It uses a dual-record system to track these events across a representative sample of the population. This system is a primary source for calculating mortality rates and monitoring demographic trends at both the state and national levels. Unlike other data sources that may focus on specific diseases or facility performance, the SRS provides a comprehensive overview of the nation's vital health indicators.

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55. (A) I and IV only
Effective management of non-communicable diseases relies heavily on early detection through screening and consistent long-term care. Unlike many communicable diseases, most chronic conditions like diabetes and hypertension are not prevented by vaccines but instead require significant lifestyle modifications, such as healthy eating and regular exercise. Because these diseases are typically progressive and lifelong, they necessitate regular medical follow-up to prevent severe complications. Public health strategies must therefore focus on both population-wide behavioral changes and strengthening the healthcare system's capacity for chronic disease management.

56. (A) Hypertension
Communicable diseases are those caused by infectious agents like bacteria, viruses, or parasites

high-end medications, which require specialized medical and administrative training.

43. (D) Thalassemia
Thalassemia is a group of inherited blood disorders characterized by abnormal hemoglobin production, leading to chronic anemia. In India, it is a significant genetic health concern, and screening programs are often targeted at specific communities and prospective parents to identify carriers. Unlike communicable diseases like influenza or malaria, which are caused by external pathogens, thalassemia is passed from parents to children through genetic mutations. Early screening and genetic counseling are essential strategies for managing the burden of this condition and preventing its transmission.

44. (D) Statement I is incorrect, but Statement II is correct.
The disaster management cycle consists of distinct phases with specific activities. The response phase begins immediately when a disaster strikes and focuses on life-saving actions, whereas preparedness involves activities like evacuation planning that occur before an event. The recovery phase follows the immediate response and includes long-term efforts to rebuild infrastructure and provide psychosocial support to help the community return to normalcy. Understanding these differences is crucial for effective disaster management and ensuring that appropriate actions are taken at each stage of a crisis.

45. (C) National Tuberculosis Elimination Programme
The Directly Observed Treatment, Short-course strategy is the primary framework for tuberculosis control in India. It involves a standardized diagnostic process, a regular supply of anti-TB drugs, and the direct observation of treatment by a healthcare provider or trained volunteer to ensure patient adherence. This approach is designed to improve cure rates and prevent the development of drug-resistant strains of the bacteria. DOTS has been a cornerstone of India's efforts to eliminate tuberculosis and remains central to the current national elimination program.

46. (D) Regular consumption of fruits and vegetables
Cardiovascular diseases are driven by several well-established risk factors that increase the likelihood of heart attacks and strokes. Major risks include high blood pressure, elevated cholesterol levels, and tobacco use, all of which damage the cardiovascular system. Conversely, the regular consumption of fruits and vegetables is considered a protective factor rather than a risk factor. A healthy diet rich in plant-based foods provides essential nutrients and fiber that help maintain healthy blood pressure and cholesterol levels, thereby reducing the overall risk of developing chronic heart conditions.

47. (A) Both A and R are true and R is the correct explanation of A.
Ayushman Bharat is a flagship health scheme designed to achieve universal health coverage by addressing health needs across different levels of care. It consists of two major components: Health and Wellness Centres for comprehensive primary healthcare and the Pradhan Mantri Jan Arogya Yojana for financial protection during secondary and tertiary hospitalizations. By integrating these components, the scheme aims to provide a holistic approach to health, ensuring that citizens can access both preventive services at the community level and specialized medical treatment when necessary.

48. (B) Occupational disease
Occupational diseases are health conditions that result from specific exposures or hazards encountered in the work environment. Prolonged exposure to high noise levels in a factory setting without adequate hearing protection can lead to permanent hearing loss, which is a classic example of an occupational ailment. These conditions are distinct from genetic or communicable diseases as they are directly linked to workplace conditions. Prevention focuses on implementing engineering controls, reducing noise at the source, and ensuring the consistent use of personal protective equipment by workers.

49. (B) Dengue - Salmonella typhi
Communicable diseases are caused by specific infectious agents, and identifying the correct pathogen is essential for effective treatment and control. Dengue is a viral infection transmitted by Aedes mosquitoes, while Salmonella typhi is

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objects. Distinguishing between these categories is essential for public health, as the prevention of communicable diseases often relies on vaccination, while NCD prevention focuses on lifestyle modifications.

77. (C) High salt intake
Modifiable risk factors are behaviors or conditions that an individual can change to reduce their risk of developing a disease. In the case of hypertension, high salt intake is a significant modifiable factor because reducing salt consumption directly helps lower blood pressure. Other factors like age, family history, and ethnicity are non-modifiable, meaning they cannot be changed through personal actions or medical interventions. Identifying and addressing modifiable risks is a cornerstone of public health strategies for preventing chronic non-communicable diseases.

78. (D) Diseases transmitted through contaminated water and poor sanitation, like cholera and diarrhea.
The Swachh Bharat Mission aims to improve national sanitation by eliminating open defecation and promoting better hygiene practices. These efforts directly contribute to reducing the transmission of water-borne and fecal-oral diseases such as cholera, typhoid, and various diarrheal illnesses. Poor sanitation is a major environmental factor in the spread of these infectious pathogens. By providing access to clean toilets and emphasizing hand hygiene, the mission plays a vital role in improving public health outcomes and reducing the burden of preventable infectious diseases.

79. (A) Launch of the National Mental Health Programme.
The year 1982 is a milestone in Indian public health history as it marked the launch of the National Mental Health Programme. This initiative was established to address the growing need for accessible mental healthcare by integrating it with general health services. It aimed to ensure that even the most basic mental health services were available to all citizens, particularly in rural and underserved areas. This program laid the groundwork for future mental health policies and the eventual enactment of comprehensive mental healthcare legislation.

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80. (B) It can be prevented by early treatment of streptococcal pharyngitis.
Rheumatic heart disease is a condition where the heart valves are permanently damaged following an attack of rheumatic fever. Importantly, this disease can be effectively prevented through the prompt diagnosis and antibiotic treatment of the initial streptococcal throat infection. If left untreated, the immune response to the bacteria can lead to inflammation of the heart. It remains a major cause of cardiac disability in developing countries, and public health efforts focus on early antibiotic intervention and long-term management of affected individuals.

81. (D) All of the above
India has faced multiple challenges from emerging and re-emerging zoonotic diseases, which are infections transmitted from animals to humans. Examples include the Nipah and Zika viruses, various strains of avian and swine influenza, and the global COVID-19 pandemic. These diseases often emerge due to changes in land use, urbanization, and increased contact between humans and wildlife. Managing these threats requires a coordinated public health approach that includes robust surveillance of both human and animal populations and rapid response capabilities to contain outbreaks.

82. (A) An inanimate object that can carry and transmit infectious agents.
In the context of infectious disease transmission, a fomite is any non-living object or substance that can become contaminated with pathogens. Common examples include doorknobs, medical instruments, clothing, and toys. When a person touches a contaminated fomite and then touches their mouth, nose, or eyes, the infectious agent can be transferred, leading to illness. Understanding the role of fomites is essential for implementing effective hygiene and disinfection protocols, especially in settings like hospitals and schools where many people share the same surfaces.

83. (C) National Leprosy Eradication Programme
Multi-drug therapy is the cornerstone of leprosy treatment and has been instrumental in reducing the prevalence of the disease globally. It involves the use of a combination of specific antibiotics to effectively kill the bacteria and prevent the development of drug resistance. This

and can be transmitted between individuals. Examples include measles, influenza, and cholera. Hypertension, or high blood pressure, is a non-communicable disease characterized by a chronic medical condition and is not caused by an infectious agent. It is primarily driven by genetic factors, age, and lifestyle choices such as diet and physical activity. Distinguishing between these categories is fundamental for implementing appropriate public health interventions, such as vaccination or lifestyle promotion.

57. (C) Statement I is correct, but Statement II is incorrect.
The primary goal of the national program addressing cancer, diabetes, and stroke is to promote health and prevent these chronic conditions through lifestyle changes. Contrary to the idea that it only focuses on tertiary care, the program includes significant components for early diagnosis and management at the primary and secondary levels. By establishing NCD clinics and promoting population-based screening, the initiative aims to detect diseases at an early stage when they are more manageable, thereby reducing the burden on specialized tertiary care facilities.

58. (A) To expand immunization coverage and reach unvaccinated or partially vaccinated children.
Mission Indradhanush is a targeted health mission in India designed to strengthen the Universal Immunization Programme. Its main objective is to ensure that all children under two years of age and pregnant women are fully vaccinated against vaccine-preventable diseases. The program specifically targets districts with low immunization coverage and hard-to-reach populations. By conducting intensive vaccination drives, the mission aims to achieve high levels of immunity across the country, thereby reducing the incidence of life-threatening infectious diseases and improving overall child survival rates.

59. (A) Both A and R are true and R is the correct explanation of A.
The irrational use of antibiotics in both humans and animals is a primary driver of antimicrobial resistance. When these medications are used excessively or incorrectly, they create selective pressure that kills susceptible bacteria while allowing resistant strains to survive and flourish. These resistant microbes can then multiply and spread, making common infections harder to treat. Addressing this global health threat requires promoting the responsible use of antibiotics, improving infection prevention, and implementing robust stewardship programs across the healthcare and agricultural sectors.

60. (B) Verify the diagnosis and confirm the existence of an outbreak.
The first critical step in any outbreak investigation is to verify the reported diagnosis and confirm that an actual outbreak is occurring. This involves ensuring that the cases are indeed the suspected disease and that the number of cases is significantly higher than what is normally expected for that area and time. Taking immediate actions like mass treatment or closing establishments without confirmation can be ineffective or counterproductive. Once confirmed, the investigation can proceed to identifying the source and implementing targeted control measures.

61. (C) Widespread social stigma associated with mental illness.
A major challenge for mental healthcare in India is the profound social stigma associated with mental health conditions. This stigma often prevents individuals from seeking necessary medical help and leads to discrimination in various aspects of life. While there is also a shortage of trained professionals and a high prevalence of disorders, the cultural and social barriers remain significant obstacles. Addressing these challenges requires sustained public awareness campaigns to normalize mental health issues and integrate mental healthcare into the broader, more accessible general healthcare system.

62. (A) I, II, III, and V only
India's National Health Policy 2017 outlines a comprehensive vision for the nation's health, including increasing public expenditure to 2.5 percent of GDP and achieving universal health coverage. It emphasizes preventive and promotive care and advocates for integrating AYUSH systems into mainstream healthcare. However, the policy sets a target to eliminate tuberculosis by 2025, which is more ambitious than the

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36. (D) Escalation
The disaster management cycle is a theoretical framework used to organize and coordinate disaster-related activities. It traditionally consists of four main components: mitigation, preparedness, response, and recovery. Mitigation and preparedness occur before a disaster to reduce risk and ensure readiness. Response and recovery take place after an event to save lives and restore the community. Escalation is not a recognized stage of this cycle, as the focus is on systemic management, risk reduction, and resilience building rather than increasing the intensity of the situation.

37. (B) I, II and III only
In India, breast cancer has become the most prevalent cancer among women, especially in urban areas, while cervical cancer remains a significant health burden. Cervical cancer is unique because it can be effectively prevented through vaccination against the Human Papillomavirus. Additionally, oral cancer is highly common due to the widespread use of tobacco and areca nut products. While lung cancer is a major concern, it is overwhelmingly linked to smoking rather than being more common in non-smokers as sometimes incorrectly perceived.

38. (B) Vertebrate animals to humans.
A zoonosis is any infectious disease that is naturally transmissible from vertebrate animals to humans. These diseases can be caused by various pathogens, including viruses, bacteria, and parasites, and may spread through direct contact, contaminated food, or biological vectors like insects. Examples include rabies, brucellosis, and certain types of influenza. Understanding zoonotic transmission is a key part of the One Health approach, which recognizes the interconnectedness of human, animal, and environmental health in preventing and managing emerging infectious threats.

39. (D) Surgical removal of the cloudy lens and implantation of an artificial lens.
Cataracts involve the clouding of the eye's natural lens, which significantly impairs vision and is a leading cause of blindness. The most effective and standard treatment promoted by national health programs is cataract surgery. During this procedure, the opaque natural lens is surgically removed and replaced with a clear, artificial intraocular lens. This intervention is highly successful, cost-effective, and provides a permanent solution to restore sight, unlike temporary measures such as using eyeglasses or pharmaceutical eye drops that cannot reverse lens opacity.

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40. (A) Promoting rational antibiotic use and improving clinical infection control.
Combating antimicrobial resistance requires a multi-faceted approach focused on the responsible use of existing medications and preventing the spread of resistant microbes. Promoting rational antibiotic use ensures that these drugs are only prescribed when necessary and at the correct dosage. Simultaneously, improving infection control practices in healthcare settings reduces the transmission of resistant pathogens between patients. These strategies are essential to preserve the effectiveness of current treatments, as resistance is accelerated by the misuse and overuse of antimicrobial agents.

41. (B) I, II, III, IV
The evolution of public health in India is marked by the launch of several major initiatives over different decades. The Universal Immunization Programme was established in 1985, followed by the National Rural Health Mission in 2005. Later, the Swachh Bharat Mission was launched in 2014 to improve national sanitation. Most recently, the Mental Healthcare Act was enacted in 2017 to protect the rights of persons with mental illness. This chronological sequence illustrates the broadening focus from basic immunization to comprehensive rural health and rights-based mental healthcare.

42. (A) To act as a healthcare facilitator and provider of community-level care.
Accredited Social Health Activists are trained female community health workers who serve as a vital link between the public healthcare system and the community. Their primary role involves acting as facilitators, encouraging people to access health services like immunization and institutional delivery. They also provide basic care for minor ailments and promote awareness about sanitation and nutrition at the village level. ASHAs are not expected to perform surgeries, manage complex hospital finances, or prescribe

70. (B) P-2, Q-4, R-1, S-3
India implements various national health programs to address specific diseases and nutritional deficiencies. Leprosy is managed under a dedicated eradication program, while iodine deficiency disorders like goitre are addressed through a specialized control initiative. Vector-borne diseases such as dengue fall under the umbrella of a national vector control program. Additionally, cervical cancer is a major focus of the program targeting cancer and other non-communicable diseases. These structured initiatives ensure that resources and interventions are effectively directed toward reducing the national disease burden.

71. (D) Mandatory helmet laws and their strict enforcement.
Head injuries are a leading cause of death and severe disability in road traffic accidents involving two-wheelers. Legislative measures that mandate the use of standardized helmets are highly effective at reducing the severity of these injuries. For these laws to be successful, they must be strictly enforced through consistent monitoring and penalties. While other measures like first aid kits are helpful, they do not prevent the initial injury. Mandatory helmet use is a proven primary prevention strategy that significantly improves survival rates for motorcyclists.

72. (A) To provide comprehensive primary healthcare closer to communities.
Health and Wellness Centres are a core component of the Ayushman Bharat program, designed to transform existing primary healthcare facilities. Their main role is to provide a broad range of free, comprehensive primary care services, including maternal and child health, as well as the management of non-communicable diseases. By bringing these services closer to where people live, these centres aim to improve accessibility, promote health awareness, and ensure early diagnosis. This shift toward holistic primary care is essential for achieving universal health coverage.

73. (A) I, II and IV only
Hospital acquired infections significantly impact healthcare quality by increasing the length of stay and costs for patients. Common types include urinary tract infections often associated with catheter use. While these infections primarily affect patients, healthcare workers are also at risk of exposure. Hand hygiene remains the single most effective measure for preventing the transmission of these pathogens within clinical settings. Implementing robust infection control protocols is essential for protecting everyone in the healthcare environment and reducing the spread of potentially resistant microorganisms.

74. (A) Vaccine-preventable communicable diseases like measles.
Herd immunity occurs when a large portion of a community becomes immune to an infectious disease, usually through widespread vaccination. This level of immunity makes the spread of the pathogen from person to person unlikely, thereby protecting even those who are not immune, such as individuals with certain medical conditions. This concept is most relevant for highly contagious communicable diseases like measles. It does not apply to non-communicable, genetic, or occupational diseases, as these are not transmitted through infectious contact between individuals.

75. (B) Both A and R are true but R is not the correct explanation of A.
The national program for blindness control set a target to reduce the prevalence of blindness to 0.3 percent. While the main strategy involves providing comprehensive eye care with a focus on cataract surgery, the existence of this strategy alone does not fully explain why a specific numeric prevalence target was chosen. The target reflects a broader public health goal aimed at eliminating avoidable blindness. Achieving this requires addressing multiple causes of visual impairment beyond cataracts, including refractive errors, glaucoma, and childhood nutritional deficiencies.

76. (B) Diphtheria
Non-communicable diseases are chronic conditions that are not caused by infectious agents and cannot be passed between individuals. Examples include ischemic heart disease, stroke, and chronic obstructive pulmonary disease, which are often linked to lifestyle and genetic factors. In contrast, diphtheria is an acute, highly contagious bacterial infection that is transmitted through respiratory droplets or contaminated

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22. (B) Ensuring safe drinking water and practicing hand hygiene.
Diarrheal diseases are primarily transmitted through the fecal-oral route, often involving contaminated food or water. Therefore, the most effective community-level interventions focus on improving sanitation and personal hygiene. Ensuring access to safe, treated drinking water and emphasizing regular handwashing with soap can dramatically reduce the incidence of these infections. These simple public health measures are crucial for preventing outbreaks, especially among children, and are far more relevant than interventions targeting vector-borne diseases or non-communicable eye conditions.

23. (D) A secondary urinary tract infection developing in a patient after hospital catheterization.
Hospital acquired infections are those that patients develop while receiving medical care for another condition in a healthcare setting. A common example is a urinary tract infection resulting from the use of a urinary catheter during a hospital stay. These infections are significant because they are not present at the time of admission and are often caused by pathogens prevalent in clinical environments. Prevention strategies focus on strict sterilization, hand hygiene, and the judicious use of invasive medical devices.

24. (A) Hospital acquired infection
The term nosocomial infection is used in medical and public health contexts to describe infections that are acquired during a stay in a hospital or other healthcare facility. These infections are characterized by the fact that they were neither present nor incubating at the time of the patient's admission. Monitoring nosocomial infections is a vital part of hospital quality control, as it reflects the effectiveness of infection prevention protocols and the overall safety of the clinical environment for patients.

25. (C) 2025
The National Tuberculosis Elimination Programme has established an ambitious goal to eliminate tuberculosis in India by the year 2025. This target is notably five years ahead of the global Sustainable Development Goal of 2030. Achieving this requires a comprehensive strategy involving early diagnosis, effective treatment through the DOTS framework, nutritional support for patients, and intensive community engagement. The program focuses on reducing both the incidence and mortality rates associated with this persistent and major public health challenge.

26. (A) HAIs are often caused by resistant pathogens, making them difficult to treat.
Hospital acquired infections and antimicrobial resistance are closely linked public health challenges. Clinical environments often harbor microorganisms that have developed resistance to common antibiotics due to the frequent use of these medications. When patients acquire infections in these settings, they are more likely to be infected by these resistant strains. This makes the resulting illnesses significantly harder to treat, leading to longer recovery times, increased healthcare costs, and a higher risk of complications or death for the affected patients.

27. (B) P-2, Q-4, R-1, S-3
National health programs in India are designed with specific objectives to address diverse public health needs. The program for blindness control focuses on reducing preventable visual impairment, while the mental health program ensures minimum care availability. The AIDS control organization works to halt and reverse the HIV epidemic through prevention and treatment. Meanwhile, the tobacco control program emphasizes awareness regarding the health risks of tobacco use. Together, these initiatives form a comprehensive strategy to improve the nation's overall health profile.

28. (B) Promoting a healthy diet and regular physical activity in the general population.
Primary prevention aims to prevent the onset of a disease by addressing its underlying risk factors before any pathological changes occur. For Type 2 diabetes, this involves population-wide strategies to encourage healthy lifestyles, including balanced nutrition and regular exercise. These measures reduce the prevalence of obesity and insulin resistance, which are major drivers of the disease. This approach is distinct from secondary prevention, which focuses on early detection, or tertiary prevention, which aims to manage existing complications and improve functioning.

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standardized treatment regimen is provided free of cost through the national eradication program. By ensuring that all patients receive and complete the full course of MDT, health authorities can successfully cure individuals and stop the further transmission of the infection.

84. (D) Statement I is incorrect, but Statement II is correct.
Contrary to the belief that all injuries are unavoidable accidents, a public health perspective recognizes that many injuries are predictable and preventable. Effective injury prevention strategies utilize a combination of education, engineering solutions, and the enforcement of safety laws. For example, using seatbelts and helmets, improving road design, and enforcing speed limits can significantly reduce the risk and severity of injuries. This systematic approach focuses on addressing environmental and behavioral factors to create a safer society and reduce the burden of preventable trauma.

85. (C) Health Management Information System (HMIS)
The Health Management Information System is a web-based portal used in India to collect and monitor data on facility-level performance and health service delivery. It provides real-time information that is essential for the management and planning of health programs under the National Health Mission. While surveys like the NFHS provide periodic population-level data, the HMIS is a continuous source of information regarding the actual services provided at health centers and hospitals. This data helps health administrators identify gaps and improve the efficiency of healthcare delivery.

86. (C) A is true but R is false.
Mission Indradhanush was launched by the Indian government as a strategic initiative to boost immunization rates and reach children and pregnant women who were previously missed by the Universal Immunization Programme. While it did aim to introduce new vaccines, its primary purpose was not because the UIP had already achieved full coverage. Instead, it was designed to address the significant gaps in coverage that remained across many districts. The mission focused on accelerating the goal of full immunization to protect more children from life-threatening diseases.

87. (D) Vitamin A deficiency
Vitamin A deficiency is a major nutritional problem and a leading cause of preventable childhood blindness in India. It can lead to a range of eye problems, collectively known as xerophthalmia, which can progress to permanent corneal scarring and loss of sight. National health programs address this issue through periodic Vitamin A supplementation for young children and by promoting the consumption of foods rich in this essential nutrient. These simple and cost-effective interventions are vital for protecting children's vision and improving their overall health and survival.

88. (A) Improve quality of life for patients by relieving pain and other symptoms.
Palliative care is a specialized medical approach focused on providing relief from the symptoms and stress of a serious, often terminal, illness such as advanced cancer. Its primary goal is to improve the quality of life for both the patient and their family by addressing physical, emotional, and social needs. This includes managing pain and other distressing symptoms rather than focusing on curative treatments. Integrating palliative care into the healthcare system ensures that patients can live as comfortably as possible during the final stages of their illness.

89. (A) P-3, Q-1, R-4, S-2
Various industrial dusts and fibers are linked to specific occupational lung diseases. Exposure to asbestos fibers can lead to mesothelioma, a serious cancer, while crystalline silica dust causes silicosis. Cotton dust exposure is the primary cause of byssinosis, and sugarcane dust is associated with bagassosis. These conditions highlight the importance of workplace safety and respiratory protection in industrial settings. Effective prevention requires controlling dust levels at the source and monitoring the respiratory health of workers who are regularly exposed to these hazardous materials.

90. (A) National AIDS Control Organisation (NACO)
The National AIDS Control Organisation is the specialized body within the Ministry of Health and Family Welfare responsible for leading India's

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services. India, as a signatory, has integrated these goals into its national program for the control of blindness and visual impairment.

104. (A) Plague in India in the 1990s.
A re-emerging disease is an infectious condition that was previously controlled but has recently seen a resurgence in its incidence or geographic reach. The outbreak of plague in parts of India during the 1990s is a definitive example of this phenomenon. While diseases like COVID-19 or Zika were newly discovered or newly emerged in certain regions, the return of plague in an area where it had been largely absent for decades illustrates the threat posed by pathogens that can resurface when public health conditions change or surveillance falters.

105. (C) Primary prevention
Primary prevention focuses on preventing the initial onset of a disease by addressing its underlying risk factors through lifestyle changes or environmental modifications. Advising an individual with specific risk factors, such as high BMI and a sedentary lifestyle, to exercise and improve their diet is a classic primary prevention strategy for diabetes. These actions aim to prevent the development of the disease before any pathological symptoms appear. This differs from primordial prevention, which addresses social conditions, or secondary prevention, which focuses on early diagnosis and treatment after the disease has started.

106. (B) P-3, Q-4, R-1, S-2
Screening tests are essential public health tools for the early detection of diseases, allowing for more effective treatment. A Pap smear is used to screen for cervical cancer, while fasting blood glucose tests identify individuals with diabetes. Regular blood pressure measurement is the standard method for screening for hypertension. Additionally, the Mantoux test is commonly used to detect latent tuberculosis infection. Implementing these screenings at the population level is a key strategy for managing both communicable and non-communicable diseases and improving overall public health outcomes.

107. (D) Regulation of private medical colleges.
The National Health Mission is designed to strengthen the public health system and achieve several key goals, including reducing maternal and infant mortality and ensuring universal access to healthcare services. It also focuses on the prevention and control of both communicable and non-communicable diseases through various national programs. However, the mission is not responsible for the regulation of private medical colleges, which is managed by other specific educational and regulatory bodies. The NHM's primary focus remains on improving the delivery and quality of health services within the public sector.

108. (A) Both Statement I and Statement II are correct.
Antimicrobial stewardship involves a set of systematic, coordinated strategies implemented to improve and measure the appropriate use of antimicrobial medications. Its main goals are to enhance patient health outcomes, reduce the development of drug resistance, and decrease unnecessary healthcare costs. By ensuring that patients receive the right medication at the correct dose and for the appropriate duration, stewardship programs help preserve the effectiveness of these essential drugs. These initiatives are a vital component of the global response to the growing threat of antimicrobial resistance.

109. (D) All of the above
Major non-communicable diseases like cardiovascular disease, diabetes, and cancer share several common, modifiable behavioral risk factors. Tobacco use is a primary risk for heart disease and various cancers, while the harmful use of alcohol contributes to liver damage and injuries. Physical inactivity and a diet high in salt and sugar significantly increase the likelihood of developing diabetes and hypertension. Addressing these interlinked lifestyle factors through comprehensive public health interventions is the most effective way to reduce the overall burden of chronic diseases in the population.

110. (D) Exposure to infected blood or body fluids through needlestick injuries.
In healthcare settings, Hepatitis B virus is primarily transmitted through accidental exposure to infected blood or other body fluids. Needlestick injuries and other sharps-related incidents are major routes for this transmission.

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97. (A) Both Statement I and Statement II are correct.
The Universal Immunization Programme is one of the world's largest public health initiatives, targeting millions of newborns and pregnant women across India every year. It provides free vaccines against twelve life-threatening diseases, including polio, measles, and tuberculosis. By achieving high vaccination coverage, the program significantly reduces child mortality and morbidity. This comprehensive effort requires an extensive logistics network and a dedicated workforce to ensure that vaccines are safely stored and administered, protecting the nation's most vulnerable populations from preventable infectious diseases.

98. (A) Sort and prioritize patients based on the severity of their injuries and urgency of care.
Triage is a critical process used during mass casualty incidents to efficiently manage a large number of patients with varying degrees of injury. It involves quickly assessing each individual and categorizing them based on the urgency of their need for medical care. This ensures that those with life-threatening conditions receive immediate treatment, maximizing the number of lives saved when medical resources are limited. Triage is not about definitive treatment or documentation, but rather about the rapid prioritization of care in an emergency setting.

99. (C) Tuberculosis
Vector-borne diseases are those transmitted by insects or other small animals that carry pathogens from one host to another. Examples include malaria, which is spread by mosquitoes, and dengue and chikungunya, also transmitted through mosquito bites. Tuberculosis, however, is not a vector-borne disease. It is a bacterial infection primarily transmitted through the air when an infected person coughs or sneezes. Distinguishing the mode of transmission is essential for implementing effective public health control measures, such as vector management or respiratory hygiene and isolation.

100. (B) I, II, III and IV only
Antimicrobial resistance is a complex global health threat driven by both natural processes and human activities. The misuse of antibiotics, such as taking incomplete courses, significantly accelerates the emergence of resistant strains. Poor infection control in healthcare settings also facilitates the spread of these resistant microbes. It is a critical health security issue that affects both developed and developing countries alike. Addressing AMR requires a comprehensive strategy involving responsible medication use, improved hygiene, and global cooperation to preserve the effectiveness of essential antimicrobial treatments for future generations.

101. (C) Chronic occupational disease
Asbestosis is a long-term, non-communicable lung condition caused by the prolonged inhalation of microscopic asbestos fibers. It is classified as an occupational disease because exposure typically occurs in specific industrial settings, such as construction, mining, or manufacturing. The inhaled fibers cause chronic inflammation and the development of scar tissue in the lungs, leading to progressive breathing difficulties. Because the lung damage is permanent, public health efforts must focus on strictly regulating asbestos use and ensuring that workers are protected from inhaling these hazardous particles.

102. (A) Both A and R are true and R is the correct explanation of A.
Sickle cell anemia is an inherited genetic disorder particularly prevalent in some tribal communities in India. Interestingly, the sickle cell trait, where an individual carries only one copy of the mutation, is believed to provide a biological advantage by offering some protection against malaria. This evolutionary pressure likely contributed to the higher frequency of the trait in populations living in malaria-endemic regions. Understanding these genetic and environmental links is important for managing the disease burden and providing appropriate screening and care in affected areas.

103. (D) Avoidable blindness.
The 'Vision 2020: The Right to Sight' initiative was a global effort aimed at eliminating avoidable blindness, which refers to visual impairment that can be prevented or treated. This includes conditions like cataracts, refractive errors, and childhood blindness. By focusing on these manageable causes, the initiative sought to reduce the global burden of blindness and ensure that individuals have access to essential eye care

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143. (A) An autoimmune destruction of the insulin-producing beta cells in the pancreas.
Type 1 diabetes mellitus is a chronic condition characterized by the body's inability to produce insulin. It is caused by an autoimmune response where the immune system mistakenly attacks and destroys the insulin-producing beta cells in the pancreas. Unlike Type 2 diabetes, which is often linked to lifestyle factors like diet and inactivity, Type 1 is not preventable and usually appears in childhood or adolescence. Patients with this condition require lifelong insulin therapy to manage their blood glucose levels and prevent serious, long-term complications associated with the disease.

144. (B) Provision of psychosocial support and mental health services to the affected population.
The recovery phase of disaster management focuses on long-term activities aimed at restoring the community's health and infrastructure. A critical component of this phase is providing psychosocial support and mental health services to help survivors cope with the trauma and loss associated with the disaster. While immediate life-saving actions like search and rescue occur during the response phase, recovery involves sustained efforts to rebuild lives and resilience. Addressing the mental health needs of the affected population is essential for ensuring a complete and successful recovery.

145. (A) Both A and R are true and R is the correct explanation of A.
The national program for controlling iodine deficiency disorders promotes the consumption of iodized salt as a simple and effective public health intervention. Iodine is an essential micronutrient necessary for the production of thyroid hormones. A deficiency in iodine can lead to various health problems, including goitre and impaired physical and cognitive development, especially in children. By ensuring that salt is fortified with iodine, the program aims to prevent these disorders across the entire population, protecting cognitive health and improving overall national well-being.

146. (A) The proportion of cases of a specific disease which are fatal within a period.
The case-fatality rate is an important epidemiological measure used to assess the severity of a specific disease. It is defined as the proportion of individuals diagnosed with a disease who die from it within a specified period. This rate helps health authorities understand how lethal a particular pathogen is and evaluates the effectiveness of treatment interventions. It is distinct from the overall mortality rate, which measures deaths in the entire population, and the incidence rate, which tracks the number of new cases.

147. (C) Down syndrome
Occupational diseases are health conditions directly caused by hazards encountered in the workplace. Silicosis and asbestosis are well-known lung diseases resulting from industrial dust inhalation, while noise-induced hearing loss is caused by prolonged exposure to high decibel levels in work environments. In contrast, Down syndrome is a genetic condition caused by a chromosomal abnormality present at birth and is not related to workplace exposures. Distinguishing between occupational and genetic diseases is essential for implementing appropriate prevention strategies, such as workplace safety regulations or prenatal screening and counseling.

148. (C) Statement I is correct, but Statement II is incorrect.
The National Vector Borne Disease Control Programme is the central agency in India responsible for managing diseases like malaria, dengue, and Japanese encephalitis. Contrary to the idea that it only focuses on treatment, the program's strategies include a strong emphasis on vector control measures. These involve environmental management, such as reducing mosquito breeding sites, and the use of insecticides and bed nets. By combining effective clinical management with robust vector control, the program aims to reduce the transmission and overall burden of these infectious diseases.

149. (B) I, II and III only
India faces a complex public health landscape where cardiovascular diseases have become the leading cause of death and the country has one of the world's largest populations of people with diabetes. Road traffic injuries also contribute significantly to mortality and disability, particularly among younger people. While the burden of non-communicable diseases

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Unlike diseases spread through contaminated water, air, or insect vectors, Hepatitis B requires direct contact with infected fluids. Prevention strategies focus on the universal vaccination of healthcare workers, the use of safety-engineered medical devices, and the strict adherence to standard infection control precautions to minimize the risk of occupational exposure and protect both patients and staff.

111. (A) Reporting of diseases by a limited number of selected reporting sites.
Sentinel surveillance is a public health strategy where data is collected from a small, representative group of selected health facilities or reporting sites. This approach is used to monitor trends in specific diseases or to pick up early warning signals of outbreaks without the need for surveying the entire population. It is often more cost-effective and manageable than universal surveillance while still providing high-quality, actionable data for public health planning. Sentinel sites are carefully chosen to ensure that the information gathered accurately reflects the broader health situation.

112. (B) Rashtriya Kishor Swasthya Karyakram (RKSK)
The Rashtriya Kishor Swasthya Karyakram is a national health program in India specifically designed to address the unique health needs of adolescents. It goes beyond reproductive health to include nutrition, mental health, and the prevention of substance abuse and non-communicable diseases. By focusing on this critical age group, the program aims to promote healthy behaviors that will have long-term benefits throughout adulthood. This holistic approach reflects a growing recognition of the importance of adolescent health in the overall national development and public health strategy.

113. (C) II, IV, III, I
The National AIDS Control Programme has been implemented in several phases, each building on the successes and lessons of the previous one. The first phase, NACP-I, began in 1992, followed by NACP-II in 1999. NACP-III was launched in 2007, and NACP-IV started in 2012. This chronological progression shows the evolution of the program from a focus on basic prevention to a comprehensive strategy involving expanded treatment and the integration of services. This structured approach has been essential for managing and reversing the HIV epidemic in India.

114. (A) A reduction in malaria transmission by reducing human-mosquito contact.
Long-lasting insecticidal nets are a highly effective tool for preventing malaria in endemic areas. They work by creating a physical barrier that prevents mosquitoes from biting people while they sleep and by killing any insects that land on the netting. This significant reduction in human-mosquito contact directly lowers the transmission rate of the malaria parasite. LLINs are a cornerstone of national vector control programs, and their widespread distribution is essential for protecting vulnerable populations and reducing the overall burden of malaria in affected regions.

115. (C) It mandates that treatment for mental illness should always be involuntary.
The Mental Healthcare Act of 2017 introduced significant reforms to protect the rights of persons with mental illness in India. It officially decriminalized attempted suicide and established a rights-based framework for care, including the right to access mental health services. Importantly, the Act emphasizes voluntary treatment and only allows for involuntary admission under specific, strictly regulated circumstances. It also provides for advance directives, allowing individuals to specify their treatment preferences. These provisions aim to ensure that mental healthcare is humane, respectful, and centered on the patient's rights and dignity.

116. (D) A person who harbors a pathogen without symptoms but can transmit it.
In the context of communicable diseases, a carrier is an individual who is infected with a pathogen but does not show any clinical symptoms of the illness. Despite being asymptomatic, carriers can still transmit the infectious agent to others, making them a significant challenge for disease control. Carriers can be in the incubation stage, in the recovery phase, or may remain asymptomatic for a long period. Identifying and managing carriers through surveillance and testing is essential for preventing the silent spread of infections within a community.

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117. (A) Both A and R are true and R is the correct explanation of A.
Population-based screening for cancers like cervical and breast cancer is a vital public health strategy because early detection is key to improving outcomes. Screening tests can identify cancer at a stage when it is often more localized and easier to treat, leading to significantly higher survival rates and less aggressive medical interventions. By proactively testing individuals who do not yet have symptoms, health systems can catch the disease early. This proactive approach is essential for reducing the overall mortality and disability associated with these highly prevalent types of cancer.

118. (B) Treatment of communicable diseases like malaria
The National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke is specifically designed to address the growing burden of major non-communicable diseases. Its key focus areas include health promotion, early diagnosis, and the capacity building of healthcare professionals to manage these chronic conditions. However, the program does not cover the treatment of communicable diseases like malaria, which are managed under other dedicated national health initiatives. This specialization allows for more targeted and effective interventions for the long-term management of lifestyle-related and chronic health issues.

119. (A) P-4, Q-2, R-1, S-3
Disaster management terminology helps clarify the complex relationship between environmental threats and community resilience. A hazard is a dangerous phenomenon, while vulnerability describes the characteristics that make a community susceptible to harm. Risk is the probability of negative consequences resulting from these factors. Capacity refers to the strengths and resources available to reduce that risk. Understanding these terms is essential for developing effective disaster management strategies that focus on reducing vulnerability and building community capacity to mitigate the potential impact of various hazards.

120. (C) I, II, III, and IV only
Health and Wellness Centres established under Ayushman Bharat represent a significant shift toward comprehensive primary healthcare in India. These centres, which are upgraded versions of existing sub-centres and primary health centres, provide free services for maternal and child health as well as non-communicable diseases. They are intended to serve all individuals in the community without cost at the point of service. Unlike tertiary care facilities focused on surgery, HWCs emphasize preventive and promotive health, ensuring that essential healthcare is accessible and affordable at the grassroots level.

121. (C) Tuberculosis
The Nikshay Poshan Yojana is a specialized direct benefit transfer scheme in India designed to provide nutritional support to all notified tuberculosis patients. Under this program, patients receive financial assistance every month for the duration of their treatment. This initiative recognizes that good nutrition is a critical component of successful TB recovery and helps patients adhere to their medication regimens. By addressing the nutritional needs of affected individuals, the scheme aims to improve treatment outcomes and support the national goal of eliminating tuberculosis by the year 2025.

122. (A) To provide fixed-day, free-of-cost, assured, and quality antenatal care to all pregnant women on the 9th of every month.
The Pradhan Mantri Surakshit Matritva Abhiyan is a national initiative aimed at improving the quality of antenatal care for all pregnant women in India. It provides a dedicated day—the 9th of every month—for free, assured, and high-quality maternal health services, including clinical examinations and essential diagnostics. This program especially targets pregnant women in their second and third trimesters to identify and manage high-risk pregnancies. By ensuring consistent and specialized care, the initiative plays a vital role in reducing maternal and neonatal mortality across the country.

123. (D) The eradication of Smallpox.
The eradication of smallpox is widely considered the greatest achievement in the history of global public health. After a sustained and intensive

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international vaccination campaign led by the World Health Organization, the disease was officially certified as eradicated in 1980. This remains the only human infectious disease to be completely eliminated through human effort. This success demonstrated the power of international cooperation and well-coordinated vaccination strategies, serving as a model for subsequent global initiatives targeting other infectious diseases like polio and guinea worm.

124. (A) Both Statement I and Statement II are correct.
Many major non-communicable diseases, including diabetes, cardiovascular diseases, and various cancers, are linked to common modifiable risk factors like unhealthy diets and physical inactivity. Because these diseases share a similar behavioral foundation, a single public health strategy that promotes healthy eating and regular exercise can effectively reduce the risk for all of them simultaneously. This integrated approach is a cornerstone of NCD prevention, as it allows for efficient use of resources to address multiple chronic health challenges and improve the overall well-being of the population.

125. (C) Nipah virus infection
Emerging infectious diseases are those that have newly appeared in a population or whose incidence or geographic range is rapidly increasing. The Nipah virus infection is a prime example of an emerging disease that has caused several outbreaks in India. Unlike well-established diseases like measles, tuberculosis, or leprosy, Nipah is a relatively newly recognized pathogen that can cause severe illness and has a high case-fatality rate. Monitoring such emerging threats is a high priority for public health authorities to prevent larger, potentially uncontrollable outbreaks or pandemics.

126. (D) First case of a disease to come to the attention of health authorities.
In an epidemiological investigation, the index case refers to the first individual with a specific disease who is brought to the attention of health authorities or researchers. Identifying the index case is often a crucial step in understanding how an outbreak started and how the infection spread through the community. While the index case might not be the actual first person infected (the primary case), it serves as the starting point for contact tracing and other public health interventions designed to contain the further spread of the disease.

127. (A) Malaria
The Universal Immunization Programme in India provides free vaccines against several major vaccine-preventable diseases, including tetanus, polio, and measles. These vaccines are essential for reducing child mortality and protecting the population from highly infectious pathogens. However, malaria is not currently included in the routine UIP schedule. While research on malaria vaccines is ongoing, the primary strategies for malaria control still rely on vector management, such as the use of bed nets and insecticides, and the prompt diagnosis and treatment of infected individuals.

128. (B) I, II and IV only
Occupational health focuses on preventing and managing health problems caused by the work environment. The most effective way to protect workers is through engineering controls, such as improved ventilation, which address hazards at the source. Personal Protective Equipment is considered the last line of defense, not the first. Common examples of occupational lung diseases include silicosis and asbestosis. By implementing robust safety measures and regularly monitoring the health of employees, organizations can significantly reduce the incidence of workplace-related illnesses and ensure a safer working environment.

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129. (B) Sandfly
Kala-azar, also known as visceral leishmaniasis, is a serious parasitic disease prevalent in certain parts of India. It is transmitted to humans through the bite of infected female sandflies. These small insects thrive in specific environmental conditions often found in rural areas. National health programs focus on eliminating Kala-azar by targeting these endemic regions through vector control, such as indoor residual spraying, and by ensuring the prompt diagnosis and treatment of affected individuals to reduce the parasite reservoir in the human population.

130. (A) Both A and R are true and R is the correct explanation of A.
Hospital infection control committees are vital for ensuring patient safety by preventing the spread of hospital acquired infections. These committees are responsible for creating and implementing comprehensive policies that cover surveillance, staff training, and the monitoring of antibiotic use. By coordinating these activities, the committees help maintain a sterile environment and reduce the risk of infections, particularly those caused by multi-drug resistant organisms. Their work is essential for improving clinical outcomes and ensuring that healthcare facilities remain safe environments for both patients and staff.

131. (C) They are caused by abnormalities in an individual's genetic material (genes or chromosomes).
Genetic diseases are health conditions that result from abnormalities in an individual's DNA, which can include mutations in single genes or larger chromosomal changes. These disorders can be inherited from parents or occur spontaneously. Unlike communicable diseases, they are not caused by infectious agents and cannot be cured with antibiotics. While some genetic diseases are apparent at birth, others may not manifest until later in life. Understanding the genetic basis of these conditions is essential for providing appropriate diagnosis, management, and genetic counseling for affected families.

132. (D) Mass Drug Administration (MDA) with DEC and Albendazole.
The primary strategy for the elimination of lymphatic filariasis in India is the annual Mass Drug Administration. This involves providing a single dose of specific anti-filarial medications, such as DEC and Albendazole, to the entire eligible population in endemic areas. The goal is to reduce the level of microfilariae in the human population so that mosquitoes can no longer transmit the infection. This community-wide approach is essential for breaking the cycle of transmission and eventually eradicating this debilitating and stigmatizing neglected tropical disease.

133. (A) Cataract
Cataracts remain the most common cause of preventable blindness in India, particularly among the elderly. This condition involves the clouding of the eye's natural lens, leading to progressive vision loss. Fortunately, cataracts can be effectively treated with a standard surgical procedure that restores sight for most patients. National eye care programs prioritize cataract surgeries, along with addressing refractive errors and glaucoma, to reduce the overall prevalence of visual impairment. Ensuring widespread access to affordable and high-quality eye care is essential for eliminating avoidable blindness in the country.

134. (A) P-4, Q-1, R-2, S-3
India implements several national programs, each targeting a specific and significant public health issue. Mission Indradhanush focuses on improving child immunization coverage, while the DOTS strategy is the cornerstone of tuberculosis control. The Janani Suraksha Yojana aims to reduce maternal and neonatal mortality through institutional deliveries. Finally, the NPCDCS addresses the growing burden of non-communicable diseases like diabetes and hypertension. These diverse initiatives form a comprehensive strategy to improve the nation's health outcomes by addressing both infectious diseases and chronic health challenges.

135. (D) To develop plans and capacities to effectively respond to a disaster when it occurs.
The preparedness phase of disaster management involves taking proactive steps to ensure that communities and authorities are ready to respond effectively when a disaster strikes. This includes developing evacuation plans, training emergency personnel, and conducting regular disaster drills. By building these capacities before an event, the impact of a disaster can be significantly reduced, and the response can be more coordinated and efficient. Preparedness is distinct from mitigation, which focuses on long-term risk reduction, and response, which involves immediate actions taken during the actual emergency.

136. (A) Both Statement I and Statement II are correct.
Refractive errors are a leading cause of visual impairment in India, particularly among school-going children, where they can significantly

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impact learning and development. These conditions occur when the eye cannot clearly focus images on the retina. Fortunately, refractive errors can be easily diagnosed through simple vision testing and effectively corrected with the use of spectacles. National eye care programs often include school-based screening initiatives to detect these problems early and provide children with the necessary corrective lenses, improving their vision and educational outcomes.

137. (C) An Anopheles mosquito carrying the malaria parasite.
In the transmission of communicable diseases, a vector is a living organism that carries a pathogen from an infected host to another individual. The Anopheles mosquito is a well-known biological vector that transmits the malaria parasite to humans. This is distinct from inanimate objects like contaminated water or doorknobs, which are referred to as vehicles or fomites. Understanding the role of specific vectors is essential for developing targeted public health interventions, such as mosquito control and the use of insecticide-treated bed nets, to prevent the spread of vector-borne infections.

138. (C) I, II, III and V only
The Janani Shishu Suraksha Karyakram is a critical health initiative in India designed to eliminate out-of-pocket expenses for pregnant women and sick newborns. It provides free entitlements such as delivery, essential drugs, diagnostics, and nutritional support during their stay in public health institutions. The program also includes free transport from home to the facility and back. By covering these costs, JSSK encourages more families to seek institutional care, which is vital for reducing maternal and neonatal mortality and ensuring a healthy start for every child.

139. (D) Treating patients based on identifiable signs and symptoms without lab tests.
The syndromic approach to managing sexually transmitted infections is a public health strategy designed for use in settings with limited laboratory resources. It involves treating patients based on easily identifiable groups of signs and symptoms, known as syndromes, rather than waiting for specific lab test results. This allows for immediate treatment at the first point of contact, reducing the further spread of the infection and preventing complications. This approach is a cornerstone of the national AIDS control strategy to manage STIs effectively at the community level.

140. (B) Short duration of illness and rapid cure.
Non-communicable diseases are characterized by their chronic nature, often involving a complex etiology with multiple risk factors and a long latency period. Unlike many infectious diseases, NCDs typically have a long duration and do not result in a rapid cure; instead, they often require lifelong medical management. These conditions frequently lead to functional impairment or permanent disability, significantly impacting the patient's quality of life. Understanding these characteristics is essential for developing long-term public health strategies focused on lifestyle modification, early detection, and sustained clinical care.

141. (C) The Cigarettes and Other Tobacco Products Act (COTPA), 2003
The Cigarettes and Other Tobacco Products Act of 2003 provides the comprehensive legal framework for tobacco control in India. This legislation mandates several important public health measures, including the prohibition of smoking in public places and the requirement for large, pictorial health warnings on tobacco packaging. It also restricts the advertisement of tobacco products and prohibits their sale to minors. By implementing these regulations, the Act aims to reduce tobacco consumption and protect the population from the harmful health effects associated with both active and passive smoking.

142. (A) III, II, IV, I
Investigating a disease outbreak follows a systematic sequence of steps to identify the cause and control the spread. The process begins with verifying the diagnosis and confirming that an outbreak is actually occurring. This is followed by defining and identifying cases to determine the scale of the problem. Data is then described and analyzed in terms of time, place, and person to identify patterns. Finally, targeted control and prevention measures are implemented based on the findings to stop the outbreak and prevent future occurrences.

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response to the HIV/AIDS epidemic. It oversees the formulation of policies, the implementation of prevention and treatment programs, and the monitoring of the national HIV situation. NACO's comprehensive strategy includes providing free antiretroviral therapy, promoting blood safety, and conducting awareness campaigns. As the apex organization, it coordinates efforts between various stakeholders to halt the spread of the virus and provide care for those affected.

91. (D) The interval between infection by a pathogen and the appearance of symptoms.
The incubation period is a fundamental epidemiological concept representing the time that elapses from when a person is first infected by a pathogen to when they begin to show clinical symptoms of the disease. This period varies significantly depending on the specific infectious agent and the host's immune system. Knowing the incubation period is crucial for public health officials to determine when a person may have been exposed and to establish appropriate quarantine periods to prevent the further spread of the infection during the pre-symptomatic phase.

92. (B) Outbreak investigation
An outbreak investigation is a systematic public health process used to determine the cause and source of a sudden increase in disease cases. It involves defining and identifying cases, analyzing data related to person, place, and time, and formulating and testing hypotheses about the source of the infection. Once the source is identified, targeted control and prevention measures are implemented to stop the outbreak. This process is essential for protecting the community and preventing future occurrences of the same infectious health threat.

93. (C) An outbreak of water-borne diseases like cholera and typhoid.
In the aftermath of a major flood, the most immediate and significant public health threat is the emergence of water-borne diseases. Flooding often disrupts clean water supplies and sanitation systems, leading to the contamination of drinking water with fecal matter and other pathogens. This creates ideal conditions for the rapid spread of infectious diseases like cholera and typhoid fever. Ensuring access to safe, treated water and promoting hygiene practices are the highest priorities for health officials during the post-disaster response and recovery phases.

94. (D) Emerging diseases are new, while re-emerging diseases reappear after a decline.
Public health distinguishes between emerging and re-emerging diseases based on their history in human populations. Emerging diseases are those caused by newly discovered pathogens or infections that have recently appeared in a population for the first time. In contrast, re-emerging diseases are those that were previously a major problem and then declined significantly, but are now increasing in incidence or appearing in new geographic areas. Both categories pose significant challenges and require robust surveillance and rapid response capabilities to prevent widespread outbreaks or global pandemics.

95. (B) I (1983), II, III, IV
India's public health policy has evolved through several key milestones, beginning with the first National Health Policy in 1983. This was followed much later by the launch of the National Rural Health Mission in 2005. In 2013, the overarching National Health Mission was established to integrate rural and urban health initiatives. Finally, the Ayushman Bharat program, including its major health insurance component, was launched in 2018. This progression reflects the government's increasing focus on achieving universal health coverage and improving the healthcare infrastructure for all citizens.

96. (B) Mental illness is classified as a communicable disease under the IDSP.
Mental health disorders are non-communicable conditions and are not spread from person to person through infectious agents. The Integrated Disease Surveillance Programme primarily monitors epidemic-prone communicable diseases, although it can collect data on various health conditions. In India, mental healthcare is guided by the 2017 Act, which emphasizes patient rights and decriminalizes suicide. National programs aim to integrate mental health with general services to address the significant treatment gap and reduce the pervasive social stigma that often prevents people from seeking necessary care.

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is rapidly increasing, communicable diseases like tuberculosis and malaria have not been completely replaced and still pose a major threat. This dual burden of disease requires a versatile healthcare system capable of addressing both chronic and infectious health challenges.

150. (B) Vaccination against Human Papillomavirus (HPV).
Primary prevention of cervical cancer focuses on stopping the disease before it develops. The most effective strategy is vaccination against the Human Papillomavirus, which is responsible for the majority of cervical cancer cases. By vaccinating individuals before they are exposed to the virus, the risk of developing the cancer later in life is dramatically reduced. This approach is distinct from secondary prevention, like Pap smear screening, which aims to detect early changes or cancer itself, and from tertiary treatments such as chemotherapy or surgery used for established cases.

151. (D) Contaminated water supply causing a cholera outbreak.
In the context of disease transmission, a common vehicle is an inanimate medium, such as water, food, or air, that carries an infectious agent to multiple hosts. A contaminated water supply causing a cholera outbreak is a classic example of vehicle-borne transmission. This is distinct from vector-borne transmission, which involves living organisms like mosquitoes, or transmission through fomites, which are contaminated solid objects. Identifying the common vehicle is essential for public health officials to take immediate action, such as treating the water source, to stop the further spread of the infection.

152. (A) Provide dedicated and specialized healthcare services for the elderly population.
The National Programme for Health Care of the Elderly was established in India to address the specific and often complex health needs of the growing senior population. Its primary aim is to provide accessible, dedicated, and specialized healthcare services through the existing public health infrastructure. This includes setting up geriatric clinics and wards in hospitals to manage chronic conditions and disabilities common in old age. By focusing on specialized care, the program aims to improve the quality of life and health outcomes for the elderly, promoting healthy aging.

153. (C) A serious disruption of functioning exceeding a community's ability to cope.
In public health, a disaster is defined as a significant disruption of the normal functioning of a community that causes widespread human, material, or environmental losses. The key characteristic of a disaster is that the impact exceeds the affected community's ability to cope using its own resources, necessitating external assistance. This can include both natural events like earthquakes and man-made incidents. Understanding this definition helps authorities plan for the scale of response needed to manage the health consequences and support the community's recovery after a major emergency.

154. (D) P-3, Q-1, R-4, S-2
Specific terms in medicine and public health describe the origin and nature of various diseases and conditions. A zoonosis is a disease transmitted from animals to humans, while nosocomial infections are those acquired within a hospital setting. Iatrogenic conditions result as complications from medical procedures or treatments. Finally, congenital defects are those that are present in an individual at the time of birth. Correctly using these terms is essential for accurate diagnosis, the implementation of targeted prevention strategies, and for monitoring the quality and safety of healthcare delivery.

155. (A) Both Statement I and Statement II are correct.
The Integrated Disease Surveillance Programme is a vital component of India's public health infrastructure, designed to provide early detection and rapid response to disease outbreaks. It relies on a decentralized system where data on various epidemic-prone diseases is collected weekly from diverse reporting units, including health sub-centres and primary health centres. This continuous monitoring allows health authorities to identify unusual patterns of illness and initiate timely interventions. By strengthening national surveillance, the program aims to minimize the impact of infectious diseases and improve the country's overall outbreak management capabilities.

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condition in a healthcare setting. These infections are characterized by the fact that they were not present or incubating at the time the patient was admitted. They represent a significant challenge for healthcare quality and patient safety, often leading to longer hospital stays and increased costs. Preventing these infections requires strict adherence to hygiene and sterilization protocols and the careful monitoring of medical procedures to protect patients from pathogens prevalent in clinical environments.

182. (B) A healthcare worker or trained volunteer watches the patient swallow each dose of medicine.
The DOTS strategy is a cornerstone of tuberculosis control, designed to ensure that patients complete their full course of treatment. A key feature of this approach is the direct observation of therapy, where a healthcare worker or trained community volunteer watches the patient swallow each dose of their anti-TB medication. This supervision is essential for improving adherence, preventing the development of drug-resistant strains of the bacteria, and increasing overall cure rates. By ensuring consistent treatment through this observed method, national programs aim to effectively manage and eventually eliminate tuberculosis in the population.

183. (B) I, II and III only
Cardiovascular diseases are driven by a combination of modifiable and non-modifiable risk factors. Modifiable behaviors, such as tobacco use, an unhealthy diet, and physical inactivity, can be changed to reduce risk. Intermediate factors like high blood pressure are also major modifiable risks. In contrast, factors like age, sex, and family history are non-modifiable. While lifestyle changes can significantly lower the risk for most people, they cannot completely eliminate all risk factors, especially those that are genetic or age-related. A comprehensive public health approach must address both behavioral modifications and medical management of chronic conditions.

184. (A) Developing evacuation plans and conducting drills.
The preparedness stage of disaster management focuses on ensuring that communities and authorities are ready to act when an emergency occurs. This includes essential activities such as developing detailed evacuation plans and conducting regular drills to ensure everyone knows their role during a crisis. These proactive steps are taken before a disaster to build capacity and improve the effectiveness of the response. Unlike recovery activities like rebuilding or long-term counseling, preparedness is about being ready for the immediate challenges of a disaster, which can significantly reduce mortality and enhance overall resilience in a crisis.

185. (A) Both A and R are true and R is the correct explanation of A.
The Janani Shishu Suraksha Karyakram was launched in India as a strategic health initiative to eliminate out-of-pocket expenses for both pregnant women and sick infants. The program achieves this by providing various free entitlements, including delivery services, essential drugs, diagnostics, and nutritional support in public health institutions. It also covers the cost of transport to and from the facility. By removing financial barriers, JSSK encourages families to seek institutional care, which is vital for providing timely medical interventions and reducing the maternal and neonatal mortality rates across the country.

186. (A) The National Family Health Survey (NFHS).
The National Family Health Survey is a vital source of periodic data on various health and demographic indicators in India. It provides high-quality information on topics such as fertility, maternal and child health, and nutritional status at both national and state levels. These surveys are essential for policymakers to monitor the progress of health initiatives and identify emerging public health challenges. While other sources like hospital records provide facility-level information, the NFHS offers a comprehensive, population-based view of the nation's health, making it an indispensable tool for evidence-based planning and resource allocation in public health.

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187. (D) A bacterium (Yersinia pestis)
Plague is a serious infectious disease caused by the bacterium Yersinia pestis. It is primarily a zoonotic disease, often transmitted to humans through the bite of infected fleas that live on small mammals like rats. While it caused major

and paperless at the point of service, allowing beneficiaries to receive treatment at both public and private hospitals without upfront payments. It provides extensive coverage for a wide range of secondary and tertiary medical procedures. This approach is essential for reducing catastrophic health expenditures and improving access to specialized medical care for those in need.

163. (C) Occupational disease
Occupational diseases are health problems that directly result from exposure to specific hazards in the work environment. Hearing loss caused by prolonged exposure to high noise levels in a factory setting is a classic example. Unlike genetic conditions or infectious diseases, these ailments are linked to workplace conditions and are preventable through appropriate safety measures. These include implementing engineering controls to reduce noise, monitoring the noise levels in the workplace, and ensuring that all employees consistently use appropriate personal protective equipment to safeguard their long-term health and well-being.

164. (D) The shift in disease patterns from predominantly communicable diseases to predominantly non-communicable diseases.
Epidemiological transition describes a significant shift in a population's health profile, where the primary burden of disease moves from infectious and communicable conditions to chronic non-communicable diseases. This transition is often associated with improvements in sanitation, nutrition, and medical care, as well as changes in lifestyle and aging populations. In India, this shift is currently underway, resulting in a dual burden of disease where both types of health challenges must be addressed. Understanding this transition is essential for policymakers to adapt healthcare systems and prioritize resources for emerging health needs.

165. (D) Statement I is incorrect, but Statement II is correct.
Ayushman Bharat - Health and Wellness Centres are designed to move beyond selective primary care to provide a comprehensive range of health services. These centres are intended to serve as a single point of care for maternal and child health, as well as for the management of non-communicable diseases like diabetes and hypertension. They also provide free essential drugs and diagnostics to the community. By offering a broad spectrum of preventive and promotive services closer to where people live, HWCs aim to improve health outcomes and reduce the reliance on specialized hospitals.

166. (B) Stroke
Non-communicable diseases are chronic conditions that are not caused by infectious agents and cannot be transmitted from person to person. A stroke, which occurs when blood flow to the brain is interrupted, is a major non-communicable disease often linked to factors like hypertension and lifestyle. In contrast, diseases like chickenpox, leprosy, and cholera are communicable because they are caused by viruses or bacteria and can be spread through various transmission routes. Distinguishing between these categories is fundamental for public health officials when designing strategies for disease prevention, control, and management.

167. (B) I, II and III only
India's Universal Immunization Programme was launched in 1985 to provide essential vaccines against several major diseases, including tuberculosis, polio, and measles. The program targets both children and pregnant women to reduce mortality and morbidity from vaccine-preventable illnesses. Mission Indradhanush was later introduced to further strengthen the UIP and reach populations that were previously missed. By ensuring high levels of vaccination coverage, these initiatives play a vital role in protecting the nation's most vulnerable individuals and improving overall public health through effective prevention of highly contagious infectious diseases.

168. (A) Vitamin A
Vitamin A deficiency is a significant nutritional problem and a leading cause of preventable childhood blindness. Golden Rice is a genetically modified variety of rice developed to contain higher levels of beta-carotene, which the body converts into Vitamin A. This innovative crop was designed as a potential public health tool to help combat deficiency in regions where rice is a staple food. While other strategies like supplementation and dietary diversification are also used, Golden Rice represents a biotechnological approach to

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156. (B) Immunization against measles.
Specific protection is a key element of primary prevention, focusing on measures designed to protect individuals against a particular disease before it occurs. Immunization against measles is a definitive example, as the vaccine provides targeted immunity against the specific pathogen. This is distinct from secondary prevention, such as screening for hypertension or breast cancer, which aims to detect a disease early after it has started. By using vaccines and other specific protective measures, public health programs can significantly reduce the incidence of various infectious and life-threatening diseases.

157. (B) I, II, III, and IV only
India's response to the HIV/AIDS epidemic is a multi-faceted effort led by the National AIDS Control Organisation. Key strategies include providing free antiretroviral therapy, implementing programs to prevent parent-to-child transmission, and conducting extensive awareness campaigns. While the program has received international support, it is not solely reliant on foreign aid and is significantly funded by the Indian government. This comprehensive and integrated approach is essential for providing care to those affected and for continuing to reduce the transmission of the virus across the country's diverse and large population.

158. (D) Cluster or outbreak
A cluster or outbreak refers to a sudden and unexpected increase in the number of cases of a specific condition within a limited geographic area or a particular group of people. In a nursing home, a rapid rise in fall-related injuries among the elderly residents fits this description. Unlike a pandemic or epidemic, which occur on a much larger scale, an outbreak is more localized. Investigating such events is crucial for identifying the underlying causes and implementing immediate targeted interventions to protect the affected population and prevent further incidents.

159. (A) Both A and R are true and R is the correct explanation of A.
India is currently experiencing a dual burden of disease, where it must simultaneously manage both persistent communicable diseases and rapidly increasing non-communicable conditions. While infections like tuberculosis and malaria remain major public health challenges, lifestyle-related diseases such as diabetes and heart disease have become leading causes of mortality. This complex situation is driven by factors like urbanization and changing lifestyles. Addressing this dual burden requires a resilient and versatile healthcare system that can provide both infectious disease control and long-term management for chronic health issues.

160. (B) A chronic infectious disease of the eye and the leading cause of preventable blindness worldwide.
Trachoma is a serious and chronic infectious disease caused by the bacterium Chlamydia trachomatis. It primarily affects the eyes and is a leading cause of preventable blindness worldwide. The infection is spread through contact with infected eye and nose secretions, often mediated by flies or contaminated objects. Over time, repeated infections cause the eyelids to turn inward, leading to painful scarring of the cornea. National eye care programs focus on eliminating trachoma through a combination of surgery, antibiotics, facial cleanliness, and environmental improvements to ensure better sanitation.

161. (B) Cutting out antibiotics
The global strategy to tackle antimicrobial resistance involves several key components focused on monitoring and managing the use of these medications. Key elements include contamination avoidance to prevent infection spread, the comprehensive collection of data on resistance patterns, and the containment of resistant microbes within clinical and agricultural settings. However, cutting out antibiotics entirely is not a part of this strategy, as these drugs remain essential for treating bacterial infections. Instead, the focus is on promoting their rational and responsible use to preserve their effectiveness for future medical needs.

162. (A) It is a cashless and paperless scheme at the point of service.
The Pradhan Mantri Jan Arogya Yojana is a landmark health insurance scheme in India designed to provide financial protection for millions of vulnerable families. A key feature of the program is that it is completely cashless

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interlinked risk factors and can lead to serious mutual complications. For example, uncontrolled hypertension and diabetes are significant risk factors for developing heart disease and kidney failure. Because these conditions are often related, a holistic public health approach is needed for their prevention and management. This involves addressing common lifestyle factors like diet and exercise and ensuring early diagnosis and integrated clinical care to improve outcomes for individuals affected by multiple chronic health issues.

176. (B) Focusing exclusively on human diseases without considering animal reservoirs.
The One Health approach is a collaborative and multi-sectoral strategy that recognizes the fundamental interconnection between the health of people, animals, plants, and their shared environment. It emphasizes that human health cannot be addressed in isolation from the animal populations that often serve as reservoirs for zoonotic diseases. By integrating human, veterinary, and environmental health sectors, the approach aims to better prevent, detect, and respond to health threats like emerging infections and antimicrobial resistance. This unified perspective is essential for managing the complex and interlinked health challenges of the modern world.

177. (B) The total number of cases of a disease, both new and pre-existing, in a population at a specified point in time.
In epidemiology, prevalence is a measure that represents the total number of individuals in a population who have a specific disease or condition at a particular point in time. It includes both newly diagnosed cases and pre-existing ones. This measure is essential for understanding the overall burden of a disease on a community and for planning healthcare services and resources. It differs from incidence, which only counts the number of new cases that develop over a specified period. Both prevalence and incidence are vital for monitoring disease trends and public health status.

178. (A) Both Statement I and Statement II are correct.
The National Programme for Prevention and Control of Deafness was established in India to address the significant public health issue of avoidable hearing loss. The program aims to reduce the prevalence of deafness by focusing on early identification, diagnosis, and treatment of various ear conditions. This includes raising awareness about the causes of hearing impairment and strengthening the healthcare system's capacity to provide specialized ear care. By intervening early, especially in children, the program aims to minimize the long-term impact of hearing loss on education, employment, and overall quality of life.

179. (C) Regulating the quality, safety, and efficacy of drugs, cosmetics, and medical devices.
The Central Drugs Standard Control Organisation is the national regulatory authority in India responsible for ensuring the safety, quality, and efficacy of medical products. Its primary role involves the regulation of drugs, cosmetics, and medical devices through clinical trial approvals and the setting of national standards. This oversight is essential for protecting public health by ensuring that all medical products on the market meet strict quality requirements. By performing these regulatory functions, the CDSCO helps maintain trust in the healthcare system and ensures that patients have access to safe and effective medical treatments.

180. (D) Breast cancer and cervical cancer
Breast and cervical cancers are the most common types of cancer among women in India and are major focuses of national screening and prevention initiatives. These programs emphasize the importance of early detection through regular screenings like Pap smears and clinical breast exams, as catching these cancers early significantly improves the chances of successful treatment. Public health efforts also include raising awareness about risk factors and promoting vaccination against the Human Papillomavirus to prevent cervical cancer. Addressing these highly prevalent cancers is a key strategy for reducing cancer-related mortality and improving women's health outcomes nationwide.

181. (C) An infection acquired in a health facility not present or incubating at admission.
A hospital acquired infection, also known as a nosocomial infection, is one that a patient develops while receiving medical care for another

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such as Aedes for dengue and chikungunya, and Culex for Japanese encephalitis. Understanding these specific vector-disease relationships is essential for implementing targeted control strategies, such as the use of insecticide-treated bed nets and environmental management to reduce breeding sites, which are vital for controlling the spread of malaria and other vector-borne infections.

206. (D) The coexistence of high levels of undernutrition and micronutrient deficiencies with rising rates of overweight and obesity.
India faces the complex public health challenge of the 'double burden of malnutrition,' where significant portions of the population experience undernutrition and micronutrient deficiencies while rates of overweight and obesity are also rapidly rising. This phenomenon often occurs within the same communities or even households. It is driven by factors such as the increasing availability of processed, calorie-dense foods alongside persistent poverty and poor dietary quality. Addressing this dual challenge requires comprehensive nutritional policies that promote balanced diets for all and address the root causes of both undernutrition and the growing epidemic of lifestyle-related obesity and chronic diseases.

207. (B) I, II and III only
The Pradhan Mantri Surakshit Matritva Abhiyan is a national initiative focused on providing high-quality, fixed-day antenatal care to pregnant women in India. This services are provided on the 9th of every month and emphasize the identification and management of high-risk pregnancies to improve maternal health outcomes. The program also encourages the participation of private sector clinicians to volunteer their services for free. Unlike schemes that focus on cash transfers for deliveries, PMSMA specifically targets the quality and consistency of care during pregnancy, which is vital for reducing maternal and neonatal mortality across the country through early medical intervention.

208. (B) Number of new cases of a disease that develop in a population during a specified period.
In epidemiology, incidence is a measure that tracks the occurrence of new cases of a disease within a specific population over a defined period. This measure is essential for understanding the rate at which a disease is spreading and for assessing the effectiveness of prevention and control strategies. It differs from prevalence, which counts all existing cases at a single point in time. Monitoring incidence is particularly important for infectious diseases and for identifying sudden outbreaks or emerging health threats, allowing public health authorities to take timely and targeted actions to protect the community and minimize the spread of illness.

209. (B) Silicosis
Silicosis is a chronic, non-communicable lung disease caused by the long-term inhalation of crystalline silica dust. It is a well-recognized occupational hazard particularly prevalent in industries like mining, quarrying, and stone crushing. The inhaled dust causes permanent scarring and fibrosis in the lungs, leading to progressive breathing difficulties. Unlike influenza, tuberculosis, or pneumonia, which are communicable infections caused by pathogens, silicosis is an environmental disease resulting from workplace exposure. Because the damage is irreversible, public health efforts must focus on strictly controlling dust levels and ensuring that workers in high-risk industries are provided with adequate respiratory protection and regular health monitoring.

210. (A) Both A and R are true and R is the correct explanation of A.
The National Health Mission serves as an overarching framework that integrates both the National Rural Health Mission and the National Urban Health Mission. This comprehensive approach was designed to provide integrated and accessible healthcare to all populations across India, with a specific focus on reaching the poor and vulnerable. By combining these missions, the NHM aims to strengthen the healthcare infrastructure and improve service delivery for both rural and urban areas. This integrated strategy is essential for addressing the diverse health challenges faced by the country and ensuring that essential healthcare services are available and affordable to everyone, regardless of where they live.

211. (C) New Delhi
The National Centre for Disease Control is a premier public health institution in India,

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pandemics historically, it is now considered a re-emerging disease in some areas. There are different forms of the illness, including bubonic and pneumonic plague. Prevention and control strategies focus on environmental management to reduce rodent and flea populations and ensuring rapid diagnosis and antibiotic treatment for any individuals who become infected.

188. (B) Enforcement of speed limits and seatbelt laws.
Primary prevention strategies for road traffic injuries aim to prevent accidents and injuries from occurring in the first place. The enforcement of speed limits and seatbelt laws is a definitive example, as these measures directly address behavioral risk factors that contribute to the frequency and severity of crashes. This approach is distinct from secondary or tertiary measures, such as providing emergency medical care or rehabilitation after an injury has already occurred. By focusing on safety regulations and infrastructure improvements, public health authorities can significantly reduce the overall burden of trauma and death on the roads.

189. (B) P-4, Q-1, R-2, S-3
Diseases are categorized based on their transmission, onset, and origin to guide public health responses. Common communicable diseases like tuberculosis remain major health challenges, while emerging diseases like the Zika virus present new threats. Chronic non-communicable diseases, such as diabetes mellitus, are increasing globally due to lifestyle changes. Additionally, occupational diseases like byssinosis result from specific hazards in the work environment. Understanding these different categories is essential for implementing appropriate and targeted interventions, ranging from vaccination and surveillance to lifestyle promotion and workplace safety regulations, to improve the overall health of the population.

190. (C) Statement I is correct, but Statement II is incorrect.
Antimicrobial resistance is a critical public health issue that makes infections significantly harder and more expensive to treat, leading to increased mortality and disability. While the overuse of antibiotics in human medicine is a major driver of this problem, it is not the sole cause. AMR is also significantly influenced by the misuse of these drugs in agriculture and animal husbandry. Additionally, poor infection control and inadequate sanitation facilitate the spread of resistant microbes. Addressing AMR requires a comprehensive, multisectoral approach that targets the responsible use of medications across all areas to preserve their long-term effectiveness.

191. (A) A National Immunization Day strategy to administer oral vaccine to all children under five.
The Pulse Polio campaign is a large-scale public health initiative in India designed to eradicate poliomyelitis. It involves the use of National Immunization Days, where all children under the age of five are given two drops of oral polio vaccine, regardless of their previous immunization status. This intensive strategy aims to achieve high levels of population immunity and break the cycle of transmission of the virus. This successful campaign, combined with robust surveillance, has led to India being certified as polio-free, demonstrating the power of coordinated and massive vaccination efforts in eliminating infectious diseases.

192. (B) I, II and III only
Mental health disorders are a significant category of non-communicable diseases that affect individuals regardless of age or background. A major barrier to seeking care is the widespread social stigma and discrimination associated with these conditions. In India, the Mental Healthcare Act of 2017 provides a rights-based framework that protects the interests of individuals with mental illness. Contrary to some beliefs, these conditions are medical health issues that can be effectively managed with professional treatment rather than being caused by supernatural forces. Promoting awareness and integrating mental health into general healthcare are essential for improving outcomes.

193. (B) A medical intervention or treatment.
The term iatrogenic is used to describe any illness, injury, or adverse condition that results directly from medical examination or treatment. This can include side effects of medications, complications following surgical procedures, or infections acquired during a hospital stay. It is a specific type of health problem that stems from the healthcare process itself rather than from

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addressing a major cause of visual impairment and improving child health.

169. (C) Unprotected sexual intercourse.
The Human Immunodeficiency Virus is transmitted through specific body fluids, and unprotected sexual intercourse is the most common mode of transmission globally. The virus can also be spread through sharing contaminated needles and from mother to child during pregnancy or childbirth. HIV is not transmitted through casual contact like shaking hands, sharing food, or mosquito bites. Public health strategies for prevention focus on education about safe sexual practices, ensuring blood safety, and providing treatment to prevent parent-to-child transmission, all of which are essential for controlling the national HIV epidemic.

170. (A) P-3, Q-4, R-1, S-2
India's health system involves several key programs and personnel, each identified by specific abbreviations. ASHA refers to Accredited Social Health Activists who provide community-level care. PM-JAY is the national health insurance scheme, while IDSP is the program for disease surveillance. Finally, NTEP is the national initiative focused on eliminating tuberculosis. Understanding these terms is essential for navigating the healthcare landscape and recognizing the various components of the national strategy to address infectious diseases, chronic health issues, and financial protection for the population's medical needs.

171. (D) Long-term activities to restore and improve the community's condition, including infrastructure and psychosocial well-being.
The recovery phase of the disaster management cycle focuses on long-term efforts to restore a community after a major emergency. This includes rebuilding damaged infrastructure like homes and roads, and providing essential psychosocial support to help individuals cope with trauma. Unlike the immediate response phase, which focuses on saving lives, recovery aims to help the community return to a state of normalcy or even improve upon its pre-disaster condition. These sustained activities are vital for building long-term resilience and ensuring that the community can recover fully from the impact of a disaster.

172. (B) Smallpox
Smallpox is a highly contagious and often fatal disease that was successfully eradicated from India and the rest of the world through a massive, coordinated vaccination campaign. The World Health Organization officially certified its eradication in 1980, marking a historic achievement in public health. While significant progress has been made in controlling other diseases like polio and measles, smallpox remains the only human infectious disease to be completely eliminated. This success demonstrated the effectiveness of widespread vaccination and international cooperation in addressing and eventually removing major global health threats from the human population.

173. (C) Prompt diagnosis and treatment of streptococcal throat infections with antibiotics.
Rheumatic heart disease is a preventable condition that results from permanent damage to the heart valves following rheumatic fever. A key strategy for prevention is the prompt diagnosis and treatment of Group A streptococcal throat infections with appropriate antibiotics. By treating the initial infection effectively, the subsequent inflammatory autoimmune response that leads to heart damage can be avoided. This primary prevention approach is essential for reducing the burden of rheumatic heart disease, particularly in developing regions where it remains a significant cause of cardiac disability and premature death.

174. (C) A true but R is false.
Blindness due to cataract is indeed a major public health issue in India, particularly among the elderly population. However, the claim that it is an irreversible condition with no available treatment is false. Cataracts can be effectively and successfully treated through a standard surgical procedure where the cloudy lens is replaced with a clear artificial one. This surgery is highly successful and widely promoted by national eye care programs as a cost-effective way to restore sight and reduce the prevalence of avoidable visual impairment across the country.

175. (D) All of the above
Many major non-communicable diseases, including hypertension, diabetes, heart disease, stroke, and chronic kidney disease, often share

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effective, banning all private vehicles is not a recognized or practical public health strategy. Instead, the focus remains on creating a safer transport environment through integrated engineering, education, and enforcement efforts to reduce preventable trauma.

200. (A) Communicable diseases like Tuberculosis and COVID-19
Contact tracing is a fundamental public health tool used to control the spread of infectious diseases. It involves identifying and monitoring individuals who have been in close proximity to an infected person to ensure they are tested and quarantined if necessary. This strategy is essential for breaking the chain of transmission for communicable diseases like tuberculosis and COVID-19. It does not apply to non-communicable, genetic, or occupational diseases, as these are not spread through infectious contact between people. Effective contact tracing allows for the early identification of new cases and the containment of potential outbreaks within the community.

201. (C) Taking long-term measures to reduce or eliminate the impact of hazards.
Mitigation is a proactive phase of disaster management that focuses on implementing long-term strategies to lessen the potential impact of future disasters. This includes actions like strengthening building codes, improving drainage systems to prevent floods, or implementing environmental regulations to reduce hazardous leaks. Unlike the immediate response phase, which occurs during a crisis, mitigation aims to address underlying vulnerabilities before a disaster happens. By investing in these protective measures, communities can build greater resilience, protect infrastructure, and significantly reduce the likelihood of loss of life and property damage when natural or man-made hazards occur.

202. (C) Statement I is correct, but Statement II is incorrect.
Non-communicable diseases are currently the leading cause of mortality in India, accounting for a significant proportion of all deaths. While these conditions are often associated with the elderly, they also significantly affect younger and middle-aged populations due to changes in lifestyle, diet, and physical activity. In fact, NCDs in India frequently occur at a younger age than in many developed countries, posing a major challenge to the workforce and the healthcare system. Public health strategies must therefore target all age groups to promote healthy behaviors and ensure early detection and management of chronic conditions across the life course.

203. (D) Eliminating open defecation by promoting toilet construction and use.
A primary component of the Swachh Bharat Mission with a direct impact on public health is the elimination of open defecation. By promoting the construction and consistent use of toilets, the mission aims to improve national sanitation and reduce the transmission of fecal-oral diseases such as cholera, diarrhea, and typhoid. Poor sanitation is a major environmental driver of these infectious pathogens. Providing access to clean and private facilities is a vital public health intervention that improves overall hygiene, protects water sources, and significantly reduces the burden of preventable infectious diseases across both rural and urban communities in India.

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204. (D) P-3, Q-1, R-4, S-2
Public health uses specific terminology to categorize diseases based on their origin and timing. A zoonosis is an infection transmitted from animals to humans, while nosocomial infections are those acquired in a healthcare facility. Iatrogenic conditions result as complications from medical treatment or diagnostics. Finally, congenital defects are present in an individual at birth. Correctly using these terms is essential for accurate clinical diagnosis and for implementing targeted prevention and control measures. They also help in monitoring the quality and safety of healthcare delivery and understanding the environmental and biological factors that contribute to various health challenges in the population.

205. (C) Malaria
The Anopheles mosquito is the primary biological vector responsible for the transmission of malaria parasites to humans. When an infected female mosquito bites a person, it injects the parasite into their bloodstream, leading to the disease. Other mosquito species transmit different infections,

natural causes or workplace hazards. Monitoring iatrogenic events is a vital part of patient safety and quality control in medical settings, helping to identify areas for improvement and minimize the risk of harm to patients during clinical care.

194. (A) To screen children from birth to 18 years for defects, diseases, and developmental delays.
The Rashtriya Bal Swasthya Karyakram is a national initiative in India focused on child health screening and early intervention. Its primary aim is to identify and manage children from birth to eighteen years of age for various health issues, including birth defects, deficiencies, and developmental delays. By providing these early screenings, the program aims to ensure that health problems are caught at a stage when they can be more effectively treated or managed. This comprehensive approach is essential for improving child survival rates and ensuring better developmental outcomes for all children across the country.

195. (C) Disasters
The Rashtriya Bal Swasthya Karyakram targets four specific categories of health conditions in children, known as the '4Ds'. These include defects at birth, deficiencies like anemia, various diseases, and developmental delays or disabilities. The program does not focus on managing natural or man-made disasters, which are addressed through separate disaster management frameworks. By concentrating on these four key areas, RBSK aims to provide early detection and intervention for a wide range of childhood health problems, which is vital for ensuring healthy growth and development and reducing the long-term impact of these conditions on children's lives.

196. (D) End preventable newborn deaths and stillbirths.
The India Newborn Action Plan is a strategic framework designed to significantly reduce neonatal mortality and stillbirths across the country. Its primary objective is to reach single-digit rates for both indicators by the year 2030. The plan emphasizes the importance of providing high-quality care during pregnancy, childbirth, and the immediate postnatal period. By focusing on essential newborn care and the management of complications, INAP aims to ensure that every newborn has a healthy start. This initiative is a vital part of the national commitment to improving maternal and child health outcomes and ending preventable deaths.

197. (C) Mammography screening to detect breast cancer at an early stage.
Secondary prevention focuses on the early detection and treatment of a disease after it has started but before significant symptoms appear. Mammography screening is a classic example, as it aims to identify breast cancer at an early, more treatable stage. This is distinct from primary prevention, like vaccination or health education, which aims to prevent the disease from ever occurring. It also differs from tertiary prevention, which focuses on rehabilitation and managing existing disabilities. Effective secondary prevention strategies are essential for improving survival rates and reducing the overall severity of chronic and life-threatening conditions like cancer.

198. (A) Both A and R are true and R is the correct explanation of A.
Hospital acquired infections are often caused by multi-drug resistant organisms, posing a significant threat to patient safety. Healthcare facilities create an environment where sick patients and frequent antibiotic use provide the perfect conditions for these resistant strains to survive and spread. Because these pathogens are difficult to treat with standard medications, infections acquired in hospitals can lead to more severe illness and higher mortality. Implementing strict hygiene and infection control measures, along with robust antibiotic stewardship programs, is essential for minimizing the risk and spread of these dangerous microbes in clinical settings.

199. (C) I, II, III, and IV only
Effective public health strategies for managing road traffic injuries involve a combination of surveillance, legal enforcement, and infrastructure improvements. This includes establishing national systems to track injuries, enforcing safety laws like mandatory helmet and seatbelt use, and improving road design. Additionally, strengthening emergency trauma care is vital for increasing survival rates after an accident. While these measures are highly

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headquartered in New Delhi. It plays a vital role in disease surveillance, outbreak investigation, and the control of various infectious diseases across the country. As a technical wing of the Ministry of Health and Family Welfare, the NCDC provides essential support for national health programs and coordinates efforts between different states and international health organizations. Having its headquarters in the national capital allows for effective coordination with government authorities and ensures that it remains at the forefront of the country's efforts to manage emerging and re-emerging public health threats.

212. (D) Infection prevention and control
For patients who have suffered severe burn injuries, infection prevention and control is a critical component of care after initial stabilization. Burned skin loses its protective barrier, making the patient highly susceptible to life-threatening bacterial infections. Managing this risk through sterile wound care, the judicious use of antibiotics, and maintaining a clean environment is essential for improving survival and recovery outcomes. While nutritional and psychological support are also vital for long-term healing, preventing and managing infections remains the most immediate priority to avoid serious complications like sepsis, which can be fatal in the acute phase of a severe burn injury.

213. (A) Both Statement I and Statement II are correct.
Glaucoma is a serious eye condition characterized by increased pressure within the eyeball, which can lead to permanent damage to the optic nerve and progressive vision loss. Because the early stages of the disease are often asymptomatic, it is frequently referred to as the 'silent thief of sight.' However, if diagnosed early through regular eye examinations, the progression of vision loss can often be significantly slowed or even prevented with medical treatments like eye drops or through surgical interventions. Public health eye care programs emphasize the importance of regular screening for glaucoma, especially among older adults, to detect the condition early and preserve sight.

214. (B) Genetic predisposition
Non-communicable diseases are influenced by various risk factors, some of which are modifiable through personal actions. Behavioral risk factors like tobacco use, physical inactivity, and an unhealthy diet can be changed to significantly reduce the risk of developing conditions like heart disease, diabetes, and cancer. In contrast, genetic predisposition is a non-modifiable risk factor, meaning it is an inherent biological trait that an individual cannot change. While genetic factors play a role in disease susceptibility, public health strategies focus on addressing the modifiable behavioral risks, as these are the areas where interventions can have the most significant impact on preventing and managing chronic diseases.

215. (B) I, II, III, and IV only
National health programs in India are established with specific objectives to address major public health challenges. These include reducing the prevalence of avoidable blindness, halting the spread of HIV, eliminating leprosy as a public health threat, and ensuring high immunization coverage for children. These genuine health objectives are part of a coordinated national strategy to improve overall population health and reduce the burden of both infectious and chronic diseases. While regulating other sectors like education is important for national development, it is not a primary objective of the health programs, which focus strictly on improving healthcare delivery and outcomes for various diseases and health conditions.

216. (A) Japanese Encephalitis
The Aedes aegypti mosquito is a well-known vector responsible for transmitting several viral diseases to humans, including dengue, chikungunya, and the Zika virus. These infections are often spread in urban environments where the mosquito breeds in small containers of stagnant water. However, Japanese Encephalitis is not transmitted by Aedes mosquitoes; instead, it is primarily spread through the bite of infected Culex mosquitoes, which typically breed in rural areas like flooded rice fields. Understanding the specific mosquito species involved in the transmission of different diseases is essential for implementing effective vector control strategies that are tailored to the unique biology and habitats of each primary vector.

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Kala-azar. This disease is prevalent in certain endemic blocks, and the program focuses on its elimination through targeted strategies like vector control, using indoor residual spraying, and the early diagnosis and treatment of infected individuals. By concentrating efforts on these high-burden areas, the NVBDCP aims to reduce the parasite reservoir and break the transmission cycle. This structured approach is essential for achieving the national goal of eliminating Kala-azar as a public health problem in the affected regions of the country.

229. (A) Both A and R are true and R is the correct explanation of A.
The Mental Healthcare Act of 2017 represents a significant paradigm shift in India's approach to mental health, moving from a custodial model toward one based on the rights of the individual. The Act ensures that persons with mental illness have the right to access healthcare services, the right to confidentiality, and protection from cruel or degrading treatment. It also emphasizes that mental health services should be provided through the general health system to reduce stigma. By establishing these legal protections and entitlements, the Act aims to ensure that mental healthcare is humane, respectful, and integrated into the broader healthcare landscape of the country.

230. (B) Newborn and childhood illnesses.
The Integrated Management of Neonatal and Childhood Illnesses strategy is a comprehensive approach adopted by India to improve child health and survival. It focuses on the integrated management of the most common causes of childhood mortality, including pneumonia, diarrhea, malaria, measles, and malnutrition, as well as essential newborn care. By training health workers to manage these conditions together rather than in isolation, the strategy aims to provide more effective and holistic care for young children. This approach is essential for reducing the infant and under-five mortality rates and ensuring a healthy start for every child through early and coordinated medical intervention.

231. (D) The restriction of activities for well persons who have been exposed to a disease.
Quarantine is a public health measure that involves restricting the activities or movements of individuals who are currently well but have been exposed to a communicable disease. The goal is to monitor them during the incubation period and prevent them from potentially spreading the infection to others if they become sick. This is distinct from isolation, which refers to the physical separation of individuals who are already clinically ill with the disease. Quarantine is a vital strategy for containing the spread of highly contagious pathogens and is essential for managing outbreaks and preventing wider epidemics or pandemics within a population.

232. (D) All of the above
India implements a wide range of schemes and programs that have a direct and significant impact on public health outcomes. Initiatives like the Janani Suraksha Yojana improve maternal health, while Mission Indradhanush boosts child immunization coverage. The PM-JAY provides financial protection for specialized medical care. Additionally, broader programs like the National Food Security Act address malnutrition, and the Swachh Bharat Mission improves national sanitation and hygiene. Together, these diverse efforts address the fundamental social and environmental determinants of health, as well as the specific needs of different populations, to improve the overall well-being and health indicators of the country's large and diverse population.

233. (C) Measles
Genetic diseases are health conditions caused by abnormalities in an individual's DNA, such as thalassemia, sickle cell anemia, and Down syndrome. These disorders are either inherited from parents or result from spontaneous genetic mutations. In contrast, measles is not a genetic disease; it is a highly contagious communicable disease caused by a virus. It is spread through respiratory droplets and can be effectively prevented through vaccination. Distinguishing between genetic and infectious diseases is fundamental for implementing appropriate prevention strategies, such as genetic counseling and prenatal screening for inherited conditions, or widespread immunization programs to protect the population from infectious viral pathogens.

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modifications such as a healthy diet and exercise, and, in many cases, long-term medication. Public health efforts focus on these strategies to prevent the severe complications and improve the quality of life for those affected.

223. (A) The presence of one or more additional diseases or disorders co-occurring with a primary disease.
Co-morbidity refers to the clinical situation where an individual has one or more additional medical conditions alongside a primary disease. This is common in chronic illnesses; for example, a person with diabetes may also have hypertension or heart disease. Co-morbidities can complicate the treatment and management of the primary condition, often leading to poorer health outcomes and increased healthcare costs. Understanding the prevalence and impact of co-occurring diseases is essential for providing holistic and integrated clinical care. This comprehensive approach is necessary for managing the complex needs of patients who often face multiple interlinked health challenges, particularly within the context of chronic non-communicable diseases.

224. (B) I, II and III only
Cancer is a major non-communicable disease and a leading cause of mortality in India. The most common types include oral and lung cancers in males, and cervical and breast cancers in females. While genetic factors can play a role, many cancers are not exclusively hereditary and are strongly linked to preventable environmental and behavioral risks. Tobacco use, in particular, is a major preventable cause of many cancers. Public health strategies focus on promoting healthy lifestyles, early screening, and vaccination against certain viruses like HPV to reduce the national cancer burden and improve overall survival rates through early detection and management.

225. (B) Implementing policies to reduce salt intake, eliminate trans-fats, and control tobacco use.
At the population level, the most effective strategy for preventing cardiovascular diseases is the implementation of broad policies that address common modifiable risk factors. These include measures to reduce salt consumption, eliminate harmful trans-fats from the food supply, and strictly control tobacco use. These policies aim to create a healthier environment that makes it easier for individuals to make healthy choices. This population-wide approach is far more sustainable and impactful than focusing solely on expensive high-tech treatments or genetic research. By addressing the root causes of heart disease and stroke, these public health interventions can significantly lower the overall incidence of cardiovascular conditions in the country.

226. (A) To provide a specialized response to a threatening disaster situation or disaster.
The National Disaster Response Force is a specialized agency in India designed to provide a rapid and highly professional response to various disaster situations, including both natural and man-made events. Its primary role involves carrying out search and rescue operations, providing immediate relief, and assisting local authorities during emergencies. The force is specially trained and equipped to handle complex disasters like floods, earthquakes, and chemical leaks. While other agencies focus on long-term policy and mitigation, the NDRF is dedicated to the immediate response phase of the disaster cycle, ensuring that specialized help is available to save lives and minimize the impact of a crisis.

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227. (C) Point prevalence of hypertension.
In epidemiology, point prevalence is a measure that represents the proportion of individuals in a specific population who have a particular condition at a single point in time. In this example, the figure of 150 individuals with hypertension out of a total population of 1,000 on a specific day accurately reflects the point prevalence of the condition in that village. This measure is essential for understanding the current health burden of a disease in a community and for planning appropriate healthcare services. It differs from incidence, which would track only new cases over time, and mortality, which would measure the number of deaths from the condition.

228. (D) National Vector Borne Disease Control Programme
The National Vector Borne Disease Control Programme is the central agency in India responsible for the prevention and control of various vector-borne infections, including

266. (B) A transition where non-communicable diseases have become the leading cause of death and illness.
India has undergone a significant epidemiological transition where non-communicable diseases have overtaken communicable diseases as the leading cause of mortality and morbidity. This shift reflects changes in lifestyle and environment, necessitating a change in public health priorities. The current health landscape is now dominated by chronic conditions rather than acute infectious diseases that previously prevailed.

267. (B) a group of risk factors associated with lifestyle changes and urbanization.
The rising prevalence of cardiovascular diseases and diabetes is closely tied to rapid urbanization and associated lifestyle changes. Key risk factors contributing to these conditions include unhealthy diets, physical inactivity, tobacco use, and high levels of stress. These factors interact to increase the incidence of chronic metabolic and vascular disorders across various demographic and socioeconomic groups in India.

268. (A) A system providing long-term, continuous care.
Managing chronic non-communicable diseases requires a fundamental transition from acute, episodic care to long-term, continuous care models. Unlike acute infections, conditions like diabetes and cardiovascular disease necessitate ongoing monitoring, medication adherence, and lifestyle management over many years. This paradigm shift ensures that the health system can effectively address the prolonged nature of these contemporary health challenges.

269. (C) a combination of population-wide prevention and individual-level care.
A comprehensive public health strategy for tackling cardiovascular diseases and diabetes involves a dual approach. This includes population-wide interventions designed to reduce exposure to common risk factors and individual-level interventions focused on early detection and affordable treatment. Combining these methods ensures both the prevention of new cases and the effective management of existing chronic conditions.

270. (D) Hypertension.
Cardiovascular diseases represent a broad category of conditions affecting the heart and blood vessels. Hypertension, commonly known as high blood pressure, is explicitly identified as one of the key conditions within this group. Other examples include coronary heart disease and cerebrovascular disease. Identifying and managing hypertension is critical for reducing the overall burden of cardiovascular-related mortality.

271. (C) The uncontrolled growth and spread of abnormal cells.
Cancers are defined by a large group of diseases characterized by the uncontrolled growth and subsequent spread of abnormal cells within the body. These cells can invade surrounding tissues and travel to distant organs, disrupting normal physiological functions. Understanding this cellular-level aberration is fundamental to the prevention, early detection, and treatment strategies implemented in public health programs.

272. (B) Communicable diseases and non-communicable diseases.
Rheumatic heart disease serves as a clear illustration of the connection between communicable and non-communicable diseases. Although it manifests as a chronic cardiac condition, its origin is a bacterial throat infection, which is a communicable disease. This relationship highlights how inadequately treated infectious episodes can lead to long-term, non-communicable structural damage to the heart valves.

273. (D) an inflammatory reaction following an untreated streptococcal throat infection.
Rheumatic heart disease results from damage to the heart valves caused by an inflammatory reaction following one or more episodes of rheumatic fever. This fever is triggered by an infection of the throat caused by streptococcus bacteria. When these bacterial infections are not adequately treated, the body's immune response can lead to permanent and progressive cardiac complications.

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234. (A) Both Statement I and Statement II are correct.
Handwashing with soap is one of the most effective and cost-efficient public health interventions for preventing the transmission of infectious diseases, including diarrheal illnesses and pneumonia. These diseases are major causes of childhood mortality, and simple hygiene practices can dramatically reduce their incidence. The Swachh Bharat Mission's focus on improving national sanitation and promoting better personal hygiene reinforces the importance of practices like regular handwashing. By integrating hygiene promotion into broader sanitation efforts, the mission plays a vital role in improving public health outcomes and reducing the burden of preventable infectious diseases across the country, especially among vulnerable populations.

235. (D) The irrational use of antibiotics and the threat of AMR.
The 'Red Line Campaign' is a public health initiative in India designed to raise awareness about the dangers of the irrational use of antibiotics. Medicine strips for certain antibiotics are marked with a distinct red line to remind consumers and pharmacists that these drugs should only be taken when prescribed by a doctor. This campaign aims to curb the widespread practice of self-medication with antibiotics for minor viral infections like common colds, which significantly contributes to the global threat of antimicrobial resistance. By promoting responsible antibiotic use, the campaign helps preserve the effectiveness of these essential medications for future generations and protects public health.

236. (B) Road traffic accidents
Road traffic accidents are the leading cause of death due to injury in India, particularly among young adults. This major public health issue results in a significant number of fatalities and long-term disabilities every year, placing a heavy burden on families and the healthcare system. Other causes of injury-related death include drowning, falls, and burns, but none match the scale of the trauma occurring on the roads. Addressing this challenge requires a comprehensive approach involving better road design, the enforcement of safety laws like speed limits and helmet use, and the strengthening of emergency and trauma care systems to save lives.

237. (C) Providing vocational rehabilitation to a patient who has had a spinal cord injury.
Tertiary prevention focuses on managing the long-term impact of a permanent or chronic health condition to improve the patient's quality of life and functional ability. Providing vocational rehabilitation for a person with a spinal cord injury is a classic example, as it aims to help the individual adapt to their disability and regain independence. This differs from primary prevention, which aims to prevent the injury or disease entirely, and secondary prevention, which focuses on early detection. Tertiary prevention strategies are essential for minimizing the long-term consequences of serious health conditions and ensuring that individuals can live as fully and independently as possible.

238. (D) A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
The World Health Organization defines health holistically as a state of complete physical, mental, and social well-being. This definition emphasizes that being healthy is not simply the absence of illness or physical infirmity, but also includes having a sound mind and a supportive social environment. This broad perspective recognizes the complex and interlinked factors that contribute to a person's overall health status. This definition serves as a fundamental principle for public health, guiding policies and programs to address not only medical treatments but also the social, psychological, and environmental determinants that influence the well-being of individuals and communities worldwide.

239. (A) Diphtheria, Pertussis, Tetanus, Hepatitis B, and Hib.
The introduction of the Pentavalent vaccine in India's Universal Immunization Programme significantly improved child health by providing protection against five major diseases in a single injection. These include diphtheria, pertussis, tetanus, Hepatitis B, and Haemophilus influenzae type b, which is a leading cause of childhood meningitis and pneumonia. By combining these vaccines, the program reduces the number of injections a child needs, improving compliance

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217. (C) Injuries
Public health programs that promote the use of helmets for motorcyclists are primary prevention interventions aimed at reducing the risk and severity of head injuries in road traffic accidents. Unlike programs targeting communicable, occupational, or genetic diseases, these initiatives focus on preventing trauma resulting from external physical forces. By encouraging the use of protective gear through education and the enforcement of safety laws, health authorities can significantly decrease the incidence of life-threatening injuries and long-term disability. This systematic approach recognizes that many injuries are predictable and preventable, and it focuses on addressing environmental and behavioral factors to create a safer environment and improve overall public health.

218. (A) Provide antiretroviral treatment (ART) to 3 million people in developing countries by 2005.
The '3 by 5' initiative was an ambitious global health goal launched by the World Health Organization and UNAIDS to expand access to life-saving HIV treatment. Its specific objective was to provide antiretroviral therapy to three million people in low- and middle-income countries by the end of 2005. This initiative marked a significant shift toward prioritizing treatment as a key part of the global response to the HIV/AIDS epidemic. By setting a clear and measurable target, the program helped mobilize resources, reduce the cost of medications, and strengthen health systems, paving the way for the eventual scale-up of ART programs that have saved millions of lives worldwide.

219. (D) Track trends of specific syndromes to pick up early warning signals of outbreaks before diagnoses are confirmed.
Syndromic surveillance is a key component of the Integrated Disease Surveillance Programme that involves monitoring groups of symptoms, or syndromes, rather than waiting for definitive laboratory confirmation. This approach allows health authorities to identify unusual trends in illness, such as a sudden rise in fever or respiratory distress, which can serve as early warning signals of a potential disease outbreak. By picking up these signals early, public health teams can initiate rapid investigations and implement control measures more quickly. This proactive method is essential for managing epidemic-prone diseases and minimizing the impact of infectious outbreaks on the community before a formal diagnosis is established for every case.

220. (B) P-3, Q-4, R-1, S-2
In epidemiology, various terms are used to measure the impact of diseases on populations. The attack rate refers to the proportion of individuals who develop a disease after being exposed to a risk factor. The case-fatality rate measures the severity of a disease by the proportion of affected individuals who die from it. The mortality rate tracks the frequency of death in the entire population over a period. Finally, morbidity refers to any departure from a state of well-being, encompassing the overall burden of illness and disability. Using these measures correctly allows health officials to accurately assess health threats and evaluate the effectiveness of public health interventions.

221. (C) Universal pension scheme for all citizens.
The National Health Mission is a comprehensive initiative designed to improve India's public health system through several core components. These include the deployment of ASHA workers at the community level, the implementation of schemes like Janani Suraksha Yojana to promote institutional deliveries, and the overall upgradation of public health infrastructure. These strategies aim to ensure that essential healthcare is accessible and affordable for everyone. However, providing a universal pension scheme is not a component of the NHM, as it falls under separate social security and financial welfare policies. The mission remains strictly focused on healthcare delivery, disease control, and improving national maternal and child health outcomes.

222. (A) Both Statement I and Statement II are correct.
Diabetes is a chronic metabolic disease characterized by the body's inability to produce or effectively use insulin, the hormone that regulates blood sugar. This results in hyperglycemia, or elevated blood glucose levels. If left uncontrolled over a long period, high blood sugar can cause serious damage to various organs and systems, including the heart, blood vessels, eyes, kidneys, and nerves. Managing diabetes requires a combination of early diagnosis, lifestyle

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statistics. It is the primary source of reliable data on the infant mortality rate, birth and death rates, and various other fertility and mortality indicators at both state and national levels. This information is vital for policymakers to monitor demographic trends, assess the impact of health programs, and allocate resources for improving maternal and child health. Unlike facility-based data, the SRS provides a population-level view of the nation's vital health status, making it a cornerstone of evidence-based health planning and policy development in the country.

246. (A) Both Statement I and Statement II are correct.
The National Programme for Prevention and Control of Fluorosis is a dedicated health initiative in India aimed at addressing the serious issue of chronic fluoride poisoning. This condition, known as fluorosis, results from the prolonged ingestion of excessive fluoride, most commonly through contaminated groundwater. The program focuses on providing safe, low-fluoride drinking water to the community and promoting nutritional supplements like calcium and Vitamin C, which can help mitigate the effects of the condition. By identifying endemic areas and implementing these preventive measures, the program aims to reduce the incidence of skeletal and dental fluorosis, which causes permanent disability and health problems in many regions across the country.

247. (D) Between infection and the appearance of detectable antibodies, during which a test may give a false-negative result.
In HIV infection, the window period refers to the time immediately after an individual has been infected by the virus but before their body has produced enough antibodies to be detected by standard laboratory tests. During this period, an infected person may test negative for HIV despite being highly infectious and capable of transmitting the virus to others. Understanding the window period is essential for accurate clinical diagnosis and for providing appropriate counseling about testing and re-testing. It also highlights the importance of using protective measures and ensuring that blood and organ donations are screened with advanced tests that can detect the virus itself during this early phase of infection.

248. (B) I, II, III, and IV only
India's public health landscape is characterized by its large and diverse population and a dual burden of both communicable and non-communicable diseases. There are also significant inter-state disparities in health indicators and a complex healthcare system involving both public and private providers. Contrary to some ideal situations, the population is not disease-free and faces many significant health challenges. Understanding these current realities is essential for developing effective national health policies and programs. This involves addressing the unique needs of different regions and populations to ensure equitable access to quality healthcare and to improve the overall health outcomes for all citizens across the country's diverse and vast landscape.

249. (C) A significant reduction in cases of Lymphatic Filariasis.
A major achievement of the National Vector Borne Disease Control Programme, in addition to its progress against malaria, is the significant reduction in the burden of lymphatic filariasis across India. This has been achieved primarily through the annual Mass Drug Administration strategy, where entire eligible populations in endemic areas are given anti-filarial medications. By consistently reducing the transmission of the parasite, the program has moved many districts toward elimination. This success demonstrates the effectiveness of community-wide interventions in managing and eventually eradicating debilitating and stigmatizing neglected tropical diseases. Sustaining these efforts is vital for achieving the final goal of eliminating filariasis as a public health problem nationwide and protecting vulnerable communities.

250. (A) To shift the focus of healthcare from curative to comprehensive primary care, including preventive and promotive services.
Ayushman Bharat - Health and Wellness Centres are instrumental in transforming India's primary healthcare delivery system. These centres focus on moving away from a traditional, selective approach toward providing comprehensive primary care. This includes a wide range of preventive, promotive, curative, and rehabilitative services for the community.

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By strengthening these grassroots facilities, the government aims to ensure equitable access to essential health services and better outcomes. This shift is essential for achieving universal health coverage, as it addresses both infectious and non-communicable health needs closer to where people live, promoting long-term health and well-being through integrated and accessible care for the entire population.

251. (B) An infection newly identified or rapidly increasing its geographic spread.
Emerging diseases are infectious conditions that have newly appeared within a population or have existed previously but are now rapidly increasing in their incidence or geographic range. Their novelty often presents significant obstacles regarding diagnosis, treatment, and control. This category is distinct from common diseases with stable patterns or re-emerging diseases that were previously controlled.

252. (A) A decline in public health infrastructure or interventions.
Re-emerging diseases are those that were previously under control or declining but have reappeared as significant public health threats. This resurgence is typically linked to factors such as the deterioration of public health measures, pathogen evolution, or shifts in human behavior. Diminished interventions allow these previously suppressed infections to gain a renewed foothold within the population.

253. (C) Common diseases have predictable patterns, while re-emerging diseases represent a resurgence after a period of decline.
Common communicable diseases are characterized by relatively stable and predictable incidence and prevalence rates, making them manageable through routine interventions. In contrast, re-emerging diseases represent a resurgence of infections that were previously considered controlled or on a downward trend. The primary distinction lies in their historical patterns and the unexpected nature of the re-emerging diseases' reappearance.

254. (D) adaptive and prepared for both predictable and unexpected disease threats.
A robust public health response system must possess the flexibility to address both predictable and unforeseen epidemiological challenges. This includes managing common diseases with stable patterns while remaining prepared for emerging and re-emerging threats. Continuous vigilance and adaptive policies are necessary to respond effectively to the dynamic nature of communicable diseases and the unique challenges posed by novelty.

255. (C) a common communicable disease.
Diseases that maintain a relatively stable and predictable incidence and prevalence within a population over long periods are classified as common communicable diseases. These conditions are typically managed through routine public health interventions and ongoing surveillance systems. Their predictability distinguishes them from emerging diseases, which are novel or increasing, and re-emerging diseases, which represent a resurgence after control.

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256. (B) When it develops in a patient during their stay in a healthcare facility and was not present upon admission.
Hospital-acquired infections, also known as nosocomial infections, are defined as conditions that patients contract while receiving treatment for other health issues within a healthcare setting. A critical criterion for this classification is that the infection must not have been present or incubating at the time of the patient's admission. These infections significantly impact patient morbidity and mortality rates.

257. (D) The infectious agent, the susceptible host, and the chain of transmission.
The epidemiological framework of hospital-acquired infections involves the complex interplay of three specific components. These include the infectious agent responsible for the disease, a susceptible host who is vulnerable to infection, and a clear chain of transmission within the healthcare environment. Understanding these elements is essential for developing effective infection control protocols and reducing the prevalence of these conditions.

258. (A) Hospital environments can promote the development of antimicrobial resistance in pathogens causing HAIs.
Hospital environments frequently expose various pathogens to a wide range of antibiotics during routine treatments. This environment fosters the selection of resistant strains, leading to the rise of antimicrobial resistance. Consequently, infections acquired within these settings are often harder to treat because the causative agents have evolved to survive standard medical therapies, complicating patient care and recovery.

259. (C) The quality and safety of patient care.
The frequency of hospital-acquired infections serves as a vital metric for assessing the quality and safety of patient care within a medical facility. Lower prevalence rates generally suggest effective infection control, hand hygiene, and environmental sanitation protocols. Conversely, high rates indicate weaknesses in the healthcare system's ability to protect patients from secondary infections during their stay.

260. (A) An exogenous source.
Sources of hospital-acquired infections are categorized based on where the pathogen originates. Exogenous sources include contaminated medical equipment, healthcare personnel, or the surrounding hospital environment. Therefore, an infection resulting from a contaminated catheter is classified as exogenous because the infectious agent was introduced from an external source rather than originating from the patient's own natural microbial flora.

261. (D) A situation where microorganisms no longer respond to the medicines designed to kill them.
Antimicrobial resistance occurs when microorganisms such as bacteria, viruses, and fungi evolve over time to survive exposure to the medicines intended to kill them. This phenomenon makes common infections increasingly difficult to treat, resulting in a higher risk of disease spread, severe illness, and death. It represents a significant global threat to the efficacy of modern medicine.

262. (B) the misuse and overuse of antimicrobial medicines.
While the development of resistance is a natural evolutionary process for microorganisms, human activities have greatly increased its pace. Specifically, the misuse and overuse of antimicrobial agents in fields such as human medicine, agriculture, and animal husbandry provide the selective pressure needed for resistant strains to thrive. Addressing these behaviors is critical for slowing the progression of resistance.

263. (C) Common infections and hospital-acquired infections.
Antimicrobial resistance significantly undermines the management of common infections and escalates the dangers associated with hospital-acquired infections. Because resistant pathogens no longer respond to standard treatments, these two categories of health problems become much harder to control. This situation leads to prolonged illnesses and increased healthcare costs, placing a substantial burden on India's public health infrastructure.

264. (D) A coordinated effort involving human medicine, animal health, and the environment.
The One Health approach recognizes that the health of humans is closely connected to the health of animals and the shared environment. To combat antimicrobial resistance, this strategy requires coordinated efforts across these sectors. By integrating surveillance and intervention strategies in human medicine, animal husbandry, and environmental health, a more comprehensive and effective response to AMR is achieved.

265. (A) Encouraging the prophylactic use of antibiotics for all hospital patients.
Effective strategies for addressing antimicrobial resistance include promoting the rational use of antibiotics, strengthening surveillance systems, and investing in new diagnostics and vaccines. Prophylactic antibiotic use for all patients is not a recommended strategy; instead, it can contribute to resistance. Rational use, through stewardship programs, ensures that antibiotics are only used when necessary and appropriate.

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and ensuring more comprehensive protection against life-threatening bacterial and viral infections. This integrated vaccination approach is a vital component of national efforts to reduce infant and child mortality and improve overall public health outcomes across the country.

240. (A) P-2, Q-1, R-4, S-3
India's national health landscape is managed through several dedicated programs, each focusing on a significant health challenge. The NACP targets the control and management of HIV/AIDS, while the NTEP is specifically aimed at eliminating tuberculosis. The NPCBVI is the national program dedicated to controlling blindness and visual impairment, and the NMHP focuses on strengthening mental healthcare services. Together, these initiatives form a comprehensive strategy to address diverse health needs, ranging from infectious diseases and nutritional deficiencies to chronic conditions and mental health. This structured approach ensures that resources and interventions are effectively directed toward improving the nation's overall health status and outcomes.

241. (B) Sugarcane
Bagassosis is an occupational lung disease caused by the inhalation of dust from bagasse, which is the fibrous residue of sugarcane after the juice has been extracted. It is an allergic respiratory condition common among workers in paper or board manufacturing industries where bagasse is used. The inhaled dust causes inflammation in the lungs, leading to symptoms like shortness of breath and coughing. Preventing bagassosis requires improving ventilation in industrial settings, implementing effective dust control measures, and ensuring that workers are provided with appropriate respiratory protection to prevent the inhalation of hazardous organic dust and safeguard their long-term lung health.

242. (A) Evacuating and decontaminating the affected population.
In the immediate aftermath of a chemical plant leak, the most urgent priority for the response team is to evacuate people from the hazardous area and provide decontamination services. This is a critical life-saving action intended to minimize the exposure to toxic substances and provide immediate medical care for any injuries or poisoning. Other activities, such as environmental impact assessments, formulating new regulations, or providing financial compensation, are important but belong to later phases of the disaster cycle, like recovery or mitigation. During the actual emergency, rapid and coordinated response efforts are essential for protecting the health and safety of the community and preventing further casualties.

243. (C) The mortality and disability from major diseases, injuries, and risk factors.
The Global Burden of Disease study is a comprehensive research program that measures the impact of various health challenges worldwide. It provides detailed data on both mortality and the degree of disability caused by major diseases, injuries, and risk factors across different populations and regions. By using standardized measures like Disability-Adjusted Life Years, the study allows for comparisons of the health burden of diverse conditions. This information is essential for policymakers to identify health priorities, allocate resources effectively, and monitor the progress of public health interventions. The GBD study serves as a vital tool for understanding global and national health trends and informing evidence-based health planning.

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244. (D) High fever and rash
A heart attack, or myocardial infarction, is a medical emergency characterized by the sudden interruption of blood flow to the heart muscle. Common symptoms include persistent chest pain or discomfort, which may feel like pressure or squeezing, and pain that radiates to the arms, back, neck, jaw, or stomach. Shortness of breath, sweating, and nausea are also frequent signs. However, a high fever and rash are not typical symptoms of a heart attack and are more likely associated with infectious or allergic conditions. Recognizing the correct warning signs of a heart attack is vital for seeking immediate medical care, which is essential for improving survival and recovery.

245. (C) Infant mortality rate, birth rate, death rate, and other fertility & mortality indicators.
The Sample Registration System is a large-scale demographic survey in India that provides essential annual estimates of vital health

274. (A) geography, lifestyle, and exposure to carcinogens.
The incidence and types of cancer found in India vary significantly due to a complex interplay of geography, lifestyle choices, and environmental exposures. Specifically, exposure to carcinogens such as tobacco plays a major role in determining cancer patterns. These variations necessitate the development of targeted screening and prevention programs that address the unique risks of different populations.

275. (C) RHD stems from a bacterial infection, while cancers involve cellular abnormalities.
A fundamental distinction in the origins of these conditions is that rheumatic heart disease stems from a bacterial infection, specifically streptococcus. In contrast, cancers are associated with cellular and genetic aberrations characterized by uncontrolled growth. While both are significant health challenges, their different biological pathways require distinct public health frameworks for effective prevention, surveillance, and management.

276. (A) preventable or curable through targeted interventions.
A significant proportion of blindness within the Indian population is considered either preventable or curable through targeted public health interventions. This includes conditions that can be addressed with surgery or corrective measures. Identifying the leading causes allows national programs to implement effective strategies, such as screening and providing access to necessary medical procedures and glasses.

277. (D) Accidental eye injuries.
Public health programs for the control of blindness specifically target leading causes such as cataract, refractive errors, glaucoma, and diabetic retinopathy. Accidental eye injuries, while a potential cause of vision loss, were not listed among the primary conditions that these national surveillance and intervention programs are designed to address based on the epidemiological studies mentioned in the text.

278. (B) A combination of stigma, lack of awareness, and shortage of professionals.
The treatment gap in mental health care refers to the large number of individuals who need care but do not receive it. In India, this gap is primarily driven by social stigma, a lack of general awareness about mental health conditions, and a significant shortage of trained professionals. Overcoming these barriers is essential for improving access to psychiatric services.

279. (C) integrate mental health services into the primary healthcare system.
The passage highlights that addressing mental health challenges in India requires making care more accessible and widespread. Integrating mental health services into primary healthcare ensures early identification, reduces stigma, and improves availability of support at the community level. This approach helps bridge the treatment gap caused by limited specialists and awareness, enabling timely intervention and promoting overall well-being across populations.

280. (D) They both profoundly affect quality of life and economic productivity.
Both blindness and mental health disorders have a profound negative impact on an individual's quality of life and their ability to contribute to the economy. These conditions often lead to disability and morbidity, which reduces productivity and increases the burden on families and the healthcare system. Recognizing this shared impact is vital for prioritizing robust national prevention programs.

281. (A) It is caused or worsened by exposures in the workplace environment.
Occupational diseases are defined as health conditions or disorders that are caused or significantly aggravated by exposures encountered in the workplace. These hazards may be physical, chemical, biological, or psychosocial in nature. Their occurrence is directly linked to the specific industrial or agricultural sectors where workers are exposed to these harmful agents during their regular employment.

282. (B) occupational diseases linked to specific exposures.
Silicosis and asbestosis are specific examples of occupational diseases that result from long-term exposure to hazardous dusts in certain work environments. These conditions are prevalent in industries where workers handle materials like silica or asbestos. They illustrate

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41. Consider the following statements about National Nutrition Programs in India:
(i) The Integrated Child Development Services (ICDS) scheme targets children up to 6 years of age, and pregnant and lactating mothers.
(ii) The Mid-Day Meal Scheme aims to enhance the nutritional status of primary and upper primary school children.
(iii) The National Food Security Act, 2013, legally entitles a large portion of the population to receive subsidized food grains.
(iv) The Anemia Mukt Bharat strategy focuses solely on dietary diversification without supplementation.
(A) (i) and (ii) only
(B) (i), (ii) and (iii) only
(C) (iii) and (iv) only
(D) (i), (ii), (iii) and (iv)

42. Which of the following is NOT a social determinant of health?
(A) A person's blood type
(B) Income level
(C) Educational attainment
(D) Employment status

43. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Climate change is expected to increase the global burden of malnutrition.
Reason (R) : Extreme weather events like droughts and floods, caused by climate change, can disrupt food production and distribution systems, leading to food insecurity.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

44. In the context of hospital waste management, sharps such as needles and blades must be disposed of in:
(A) A yellow plastic bag
(B) A puncture-proof, leak-proof container
(C) A red plastic bag
(D) A black plastic bag

45. Identify the incorrect statement regarding the assessment of nutritional status.
(A) Height-for-age is an indicator of chronic malnutrition or stunting.
(B) Weight-for-height is an indicator of acute malnutrition or wasting.
(C) Clinical signs of nutritional deficiency are the first indicators to appear and are highly specific.
(D) Body Mass Index (BMI) is calculated as weight in kg divided by height in meters squared.

46. Consider the following stages of management for severe acute malnutrition (SAM):
(i) Rehabilitation phase with catch-up growth
(ii) Follow-up after discharge
(iii) Stabilization phase focusing on rehydration and treating infections
(iv) Initial assessment and triage
Arrange the stages in the correct sequence.
(A) (iv), (iii), (i), (ii)
(B) (i), (iii), (iv), (ii)
(C) (iv), (i), (iii), (ii)
(D) (iii), (iv), (i), (ii)

47. Consider the following statements:
(i) Socio-cultural norms can influence breastfeeding and weaning practices.
(ii) Food fads are scientifically proven dietary practices beneficial for all.
(iii) Certain religions prescribe specific dietary laws, such as Halal or Kosher.
(iv) The social setting of a meal has no impact on an individual's food consumption.
(v) Food can be used as a symbol of social status and celebration in many cultures.
(A) (i), (ii), and (iii)
(B) (ii), (iv), and (v)
(C) (i), (iii), and (v)
(D) (i), (iv), and (v)

48. A factory releases untreated chemical effluent into a nearby river. This is an example of what type of water pollution?
(A) Non-point source pollution
(B) Point source pollution
(C) Diffuse pollution
(D) Natural pollution

49. Which of the following is the most appropriate method for disposing of cytotoxic drugs and other hazardous chemical waste from a hospital?

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291. (C) To provide a structured framework for tackling major health problems.
National Health Programs serve as the primary framework for the public health delivery system in India. They provide a structured approach to tackling the country's most significant health challenges on a large scale. By organizing resources and defining specific interventions, these programs address the entire spectrum of the national health agenda, including both communicable and non-communicable diseases.

292. (A) in partnership between the central and state governments.
National Health Programs in India are centrally sponsored schemes that are typically implemented through a partnership between the central government and state governments. This collaborative structure ensures that health initiatives have the necessary national oversight and funding while being adapted to meet the specific needs and operational realities of the various states across the country.

293. (D) setting clear, measurable targets and a system for monitoring.
A vital component of any national health program is the establishment of clear, measurable targets along with a robust system for monitoring and evaluation. This structured approach allows health officials to track progress, assess the effectiveness of interventions, and make necessary adjustments. Setting these benchmarks is essential for ensuring that the program reaches its intended population and achieves goals.

294. (B) screening, lifestyle counseling, and affordable medicines.
National programs that target non-communicable diseases typically emphasize strategies such as screening for early detection, counseling for lifestyle modifications, and ensuring the availability of affordable medications. These interventions address the chronic nature of conditions like diabetes and cardiovascular disease. This approach contrasts with communicable disease programs, which often focus more heavily on vaccination and outbreak surveillance.

295. (C) Robust financing, a trained workforce, and community participation.
The success of national health programs depends on several critical factors, including robust and sustained financing, a well-trained and adequate health workforce, and active community participation. Strong political commitment is also necessary to maintain these initiatives. Together, these elements provide the foundation for effectively delivering preventive, promotive, and curative services to the target population on a large scale.

296. (D) They form the basis for evidence-based decision-making and evaluation.
Reliable and timely data from various sources form the essential foundation for evidence-based decision-making and the evaluation of national health programs. These data allow public health officials to assess the magnitude of health problems, monitor trends, and identify high-risk populations. Without accurate information, it would be impossible to determine the impact or effectiveness of various health interventions.

297. (A) A routine reporting system from health facilities.
The Health Management Information System is a prime example of a routine reporting system that collects data directly from health facilities. It provides continuous information regarding service delivery, the incidence of various diseases, and performance indicators for health programs. This type of data is crucial for the ongoing management and daily operational oversight of the healthcare system.

298. (B) By offering insights into the health status of the broader community, including non-users of health facilities.
Periodic population-based surveys, such as the National Family Health Survey, offer vital insights into the health status and healthcare utilization patterns of the entire community. Importantly, they capture data from individuals who may not regularly visit health facilities. This broader perspective helps identify the prevalence of risk factors and gaps in service reach that routine hospital data might miss.

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the direct link between workplace hazards and chronic respiratory disorders, emphasizing the need for strict engineering controls and health surveillance.

283. (B) It emphasizes carrier screening, genetic counseling, and supportive care.
The public health approach to genetic diseases focuses on long-term management and prevention of transmission rather than a cure. Key strategies include population-wide screening for carriers, providing genetic counseling to at-risk individuals, and offering prenatal diagnosis. This model emphasizes supportive care and informed decision-making for conditions determined by inherited abnormalities in an individual's DNA or chromosomal structure.

284. (A) long latency period between exposure and symptoms.
A primary difficulty in diagnosing occupational diseases is the long latency period that often exists between the initial exposure to a workplace hazard and the onset of clinical symptoms. This delay makes it difficult to link the condition back to the specific working environment. Consequently, regular health surveillance is necessary to detect these disorders at an earlier stage.

285. (C) root cause, being either workplace exposure or inherited factors.
The passage distinguishes between occupational and genetic diseases based on their root causes. Occupational diseases are rooted in environmental exposures encountered specifically at the workplace, whereas genetic diseases are determined by inherited factors and abnormalities in an individual's DNA. These different origins require distinct frameworks for surveillance, prevention, and management within the national health agenda.

286. (D) As predictable events with identifiable patterns and risk factors.
From an epidemiological perspective, accidents, injuries, and disasters are not seen as random or unavoidable occurrences. Instead, they are viewed as predictable events that follow identifiable patterns and are associated with specific risk factors. This perspective allows public health officials to study the causes and circumstances of these events to develop effective prevention and mitigation strategies.

287. (C) a comprehensive strategy that includes prevention and control.
The public health approach to injuries involves a shift away from focusing solely on post-event emergency responses. It emphasizes a comprehensive strategy that prioritizes prevention and control. By treating injuries as a systematic health issue, officials can identify risks and implement interventions before an event occurs, thereby reducing the overall incidence and severity of such incidents.

288. (B) understanding the pattern and magnitude of the problem.
Injury surveillance is a fundamental tool for understanding the magnitude and specific patterns of the problem. It involves collecting data on who is injured, where and when the event occurred, and how it happened. This information is essential for identifying high-risk groups and environments, which in turn guides the development and evaluation of targeted safety interventions.

289. (D) Reducing the incidence of road traffic injuries.
Strategies such as improving road infrastructure and strictly enforcing traffic laws are specific interventions aimed at reducing the incidence and severity of road traffic injuries. These measures address identifiable risk factors in the environment and human behavior. Combined with the promotion of seatbelts and helmets, these systemic efforts help mitigate the predictable patterns of transportation-related accidents.

290. (A) To allow for systematic efforts to reduce their occurrence and impact.
Treating accidents, injuries, and disasters as a public health issue allows for the implementation of systematic efforts to reduce their occurrence and impact. By applying epidemiological principles, the health system can move beyond reactive care to proactive prevention. This comprehensive approach ultimately saves lives, reduces disability, and improves the overall safety of the interaction between humans and their environment.

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CHAPTER 06

Basic Determinants of Health

1. Which of the following is a primary goal of water sanitation?
(A) To increase the palatability of water
(B) To destroy or remove pathogenic organisms
(C) To add essential minerals to water
(D) To reduce the temperature of water for consumption

2. Read the following statements and select the correct option.
Statement I : The 'built environment' encompasses all buildings, spaces, and products that are created or modified by people.
Statement II : The design of the built environment has no significant impact on physical activity levels and public health.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

3. Which of the following is NOT considered a method for the sanitary disposal of solid waste?
(A) High-temperature incineration
(B) Aerobic composting
(C) Open dumping in riverbeds
(D) Management by sanitary landfill

4. A public health officer notes a significant rise in vector-borne diseases like malaria and dengue in a region following unpredictable and intense rainfall patterns. This health impact is most directly associated with which environmental issue?
(A) Environmental pollution
(B) Poor housing standards
(C) Inadequate hospital waste management
(D) Climate change

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5. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : The proper disposal of hospital waste is critical for preventing nosocomial and community infections.
Reason (R) : Hospital waste often contains pathogenic microorganisms, sharp objects, and hazardous chemicals that can transmit diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

6. The presence of which of the following in drinking water is considered the most reliable indicator of recent fecal pollution?
(A) Algae
(B) Escherichia coli
(C) Nitrates
(D) Chlorides

7. Identify the incorrect statement regarding the health impacts of air pollution.
(A) Particulate matter (PM2.5) can penetrate deep into the lungs and enter the bloodstream.
(B) Carbon monoxide (CO) reduces the oxygen-carrying capacity of the blood.
(C) Oxides of nitrogen (NOx) can cause inflammation of the airways.
(D) Sulfur dioxide (SO2) is primarily associated with skin diseases.

8. Match the items in List I (Hospital Waste Category) with those in List II (Disposal Method).
List I (Hospital Waste Category)
P. Human anatomical waste (e.g., body parts)
Q. Waste sharps (e.g., needles, scalpels)
R. Discarded medicines and cytotoxic drugs
S. Soiled waste (e.g., contaminated dressings)

299. (B) To rapidly detect and respond to communicable disease outbreaks.
The Integrated Disease Surveillance Programme is specifically designed to detect and respond to outbreaks of communicable diseases with speed and efficiency. By focusing on rapid detection, the program enables public health officials to implement control measures quickly, thereby minimizing the spread of infections. This specialized surveillance is a critical component of India's defense against infectious disease threats.

300. (A) of high quality, complete, and timely.
For the efficient management and strategic planning of national health initiatives, the data collected must be of high quality, complete, and timely. These characteristics ensure that the information used for decision-making is accurate and reflects the current health situation. High-quality data are paramount for assessing program effectiveness and identifying areas where additional resources or interventions are required.

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influence the nutritional status of a community. **Reason (R) :** These factors often dictate which foods are consumed or avoided by specific groups, potentially leading to nutritional deficiencies.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

17. Which of the following is an incorrect pair regarding nutritional diseases and their primary cause?
(A) Kwashiorkor - Severe protein deficiency
(B) Xerophthalmia - Iron deficiency
(C) Marasmus - Severe energy and protein deficiency
(D) Goitre - Iodine deficiency

18. Consider the following statements related to the assessment of nutritional status:
(i) Clinical examination can reveal signs like Bitot's spots, which indicate Vitamin A deficiency.
(ii) Dietary assessment using a 24-hour recall method provides a long-term picture of an individual's eating habits.
(iii) Body Mass Index (BMI) is a measure used for assessing nutritional status in adults.
(iv) Mid-Upper Arm Circumference (MUAC) is a simple tool for screening acute malnutrition in children.
(v) Haemoglobin estimation is a biochemical test for assessing iodine status.
(A) (i), (ii), and (iii)
(B) (i), (iii), and (iv)
(C) (ii), (iv), and (v)
(D) (i), (iii), and (v)

19. The concept of 'food and nutrition security' encompasses all of the following dimensions EXCEPT:
(A) Food availability
(B) Food accessibility
(C) Food commodification
(D) Food utilization

20. A child presents with bilateral pitting edema, a "flaky paint" skin rash, and apathy, but with relatively preserved subcutaneous fat. Which nutritional disease is the most likely diagnosis?
(A) Marasmus
(B) Pellagra
(C) Scurvy
(D) Kwashiorkor

21. What is the term for a residential environment characterized by a high number of individuals per room or per unit of habitable space?
(A) Urban sprawl
(B) Gentrification
(C) Overcrowding
(D) Social housing

22. Read the following statements and select the correct option.
Statement I : The '3Rs' of waste management are Reduce, Reuse, and Recycle.
Statement II : 'Recycle' is the most preferred option in the waste management hierarchy as it requires the least energy and resources.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

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23. Which of the following is a direct health impact of noise pollution?
(A) Increased incidence of cholera
(B) Dental caries
(C) Fluorosis
(D) Hearing loss and sleep disturbances

24. Match the items in List I (National Nutrition Program) with those in List II (Primary Objective/Component).
List I (National Nutrition Program)
P. Integrated Child Development Services (ICDS)
Q. Mid-Day Meal Scheme
R. National Iodine Deficiency Disorders Control Programme
S. Anemia Mukt Bharat
List II (Primary Objective/Component)
1. Promotion of iodized salt consumption
2. Prophylactic Iron and Folic Acid

supplementation
3. Supplementary nutrition and immunization for children under six
4. Improving nutritional status of school-age children

(A) P-4, Q-3, R-2, S-1
(B) P-3, Q-4, R-1, S-2
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-2, R-1, S-4

25. Cause: Inadequate intake of dietary Vitamin A.
Effect: Which of the following is the most direct clinical consequence?
(A) Goitre
(B) Anemia
(C) Night blindness
(D) Beriberi

26. Which of the following is the best description of a "social gradient" in health?
(A) Health status improves at each step up the socioeconomic ladder.
(B) People with higher socioeconomic status have universally poor health outcomes.
(C) Health status is not related to a person's social and economic position.
(D) Health inequities are randomly distributed across the population.

27. Consider the following statements regarding Hospital Waste Management rules in India:
(i) Waste is segregated into different categories at the point of generation.
(ii) Color-coded bags and containers are used for different waste categories.
(iii) Sharps must be stored in puncture-proof containers.
(iv) General municipal waste generated in the hospital is treated as infectious waste.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

28. All of the following are greenhouse gases that contribute to climate change EXCEPT:
(A) Carbon Dioxide (CO2)
(B) Oxygen (O2)
(C) Methane (CH4)
(D) Nitrous Oxide (N2O)

29. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : The Mid-Day Meal Scheme is designed to combat classroom hunger and improve school enrolment and attendance.
Reason (R) : Providing a nutritious meal at school acts as an incentive for children from disadvantaged backgrounds to attend school regularly.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

30. A community health program focuses on improving access to education, securing stable employment, and enhancing living conditions to improve health outcomes. This approach is primarily addressing:
(A) Clinical determinants of health
(B) Genetic determinants of health
(C) Biological determinants of health
(D) Social determinants of health

31. Identify the correctly matched pair of nutritional assessment method and what it measures.
(A) Dietary Survey - Food and nutrient consumption
(B) Anthropometry - Dietary intake patterns
(C) Clinical Examination - Serum retinol levels
(D) Biochemical Tests - Physical signs of deficiency

32. Consider the following waste management options:
(i) Disposal (e.g., Landfill)
(ii) Recovery (e.g., Waste-to-energy)
(iii) Prevention/Reduction
(iv) Reuse
Arrange the options in the correct order from most preferred to least preferred according to the waste management hierarchy.
(A) (iii), (iv), (ii), (i)
(B) (iv), (iii), (ii), (i)
(C) (i), (ii), (iv), (iii)
(D) (iii), (ii), (iv), (i)

33. Consider the following statements about food safety:

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(i) Food safety ensures that food will not cause harm to the consumer when it is prepared and/or eaten.
(ii) Pasteurization is a process that sterilizes milk, killing all microorganisms.
(iii) Food adulteration involves the intentional addition of inferior substances to food items.
(iv) The 'Best Before' date indicates when a food is no longer safe to eat.
(v) Good personal hygiene is a critical factor in preventing food contamination.
(A) (i), (iii), and (v)
(B) (ii), (iv), and (v)
(C) (i), (ii), and (iii)
(D) (iii), (iv), and (v)

34. Which of the following is an example of a socio-cultural aspect of nutrition?
(A) The practice of fasting for religious reasons
(B) The chemical composition of a food item
(C) The process of digestion in the human body
(D) The recommended daily allowance of a vitamin

35. The term 'environmental pollution' is best defined as:
(A) Presence of any natural substances within the ecosystem
(B) Cycling of elements like carbon and nitrogen through the air
(C) Contamination of environment disrupting biological processes
(D) Establishment of national parks and protected sanctuaries

36. Read the following statements and select the correct option.
Statement I : Marasmus is a form of severe acute malnutrition characterized by severe wasting of muscle and subcutaneous fat.
Statement II : Edema is a characteristic and defining feature of marasmus.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

37. What is the primary purpose of a sanitary landfill as a method of waste management?
(A) To provide a habitat for local wildlife
(B) To facilitate open burning of waste in a controlled area
(C) To isolate waste from the environment until it is safe
(D) To serve as a temporary storage site before waste is moved elsewhere

38. Match the items in List I (Environmental Issue) with those in List II (Associated Health Risk).
List I (Environmental Issue)
P. Lead pollution
Q. Inadequate sanitation
R. High noise levels
S. Particulate matter (PM2.5)
List II (Associated Health Risk)
1. Cholera and typhoid
2. Cardiovascular and respiratory diseases
3. Neurological damage, especially in children
4. Hypertension and hearing impairment
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-2, R-4, S-1

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39. The management of Kwashiorkor primarily involves:
(A) Immediate administration of high-dose iron supplements.
(B) A diet high in carbohydrates but low in protein.
(C) Surgical intervention to remove excess fluid.
(D) Gradual re-feeding with a diet rich in protein and energy, along with micronutrients.

40. From a public health perspective, what is the most significant health risk associated with an inadequate or poorly managed built environment, particularly in urban slums?
(A) Higher risk of communicable diseases from overcrowding and poor sanitation
(B) Frequent exposure to aesthetically unpleasing urban surroundings
(C) Reduced access to high-end luxury goods and consumer services
(D) Increased time spent on daily commuting to work environments

List II (Disposal Method)
1. Disinfection and Mutilation/Shredding
2. Incineration or deep burial
3. Autoclaving followed by incineration
4. Incineration or destruction and drugs disposal in secured landfills

(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-3, R-1, S-4

9. What term best describes the complex interplay of factors like poverty, infection, inadequate dietary intake, and cultural practices that lead to malnutrition?
(A) Food security paradox
(B) Nutritional transition
(C) Ecology of malnutrition
(D) Socio-cultural dietary drift

10. Which of the following is a primary characteristic of a 'healthful' housing environment?
(A) Adequate ventilation and natural sunlight
(B) Proximity to industrial zones for employment
(C) Maximum use of artificial lighting
(D) Minimal per capita indoor space to conserve energy

11. Consider the following statements about climate change and its impact on health:
(i) Rising global temperatures can lead to an increase in heat-related illnesses and mortality.
(ii) Changes in precipitation patterns can affect the supply of fresh water, impacting hygiene.
(iii) Climate change can disrupt agriculture, leading to food insecurity and malnutrition.
(iv) The geographical range of disease vectors, such as mosquitoes, may expand.
(A) (i) and (ii) only
(B) (i), (iii) and (iv) only
(C) (ii) and (iv) only
(D) (i), (ii), (iii) and (iv)

12. A 'social determinant of health' can be best defined as:
(A) Genetic or biological factors predisposing individuals to specific diseases
(B) Non-medical conditions in which people are born, grow, work, live, and age
(C) Individual lifestyle choices such as diet and exercise causing chronic disease
(D) Availability and quality of clinical care and medical interventions in a country

13. Consider the following steps for basic water purification at the household level:
(i) Filtration through a clean cloth
(ii) Storage in a clean, covered container
(iii) Disinfection (e.g., by boiling for 5-10 minutes)
(iv) Sedimentation (allowing particles to settle)
Arrange the steps in the correct chronological order.
(A) (i), (iv), (iii), (ii)
(B) (iv), (i), (iii), (ii)
(C) (iii), (i), (iv), (ii)
(D) (iv), (iii), (ii), (i)

14. Read the following statements and select the correct option.
Statement I : Anthropometric measurements like height-for-age and weight-for-height are used to assess the nutritional status of children.
Statement II : Biochemical tests, such as measuring serum albumin, are not useful for assessing protein status in an individual.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

15. What is the primary legislation in India that consolidates various laws related to food and establishes the Food Safety and Standards Authority of India (FSSAI)?
(A) The Food Safety and Standards Act, 2006
(B) The Prevention of Food Adulteration Act, 1954
(C) The National Food Security Act, 2013
(D) The Essential Commodities Act, 1955

16. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Socio-cultural factors, such as food taboos and beliefs, can significantly

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(A) Deep burial in a common pit
(B) Incineration at high temperatures
(C) Autoclaving and shredding
(D) Disposal into the municipal sewage system

50. Read the following statements and select the correct option.
Statement I : Food fortification is the process of adding micronutrients to staple foods to improve their nutritional quality.
Statement II : The primary goal of India's National Iodine Deficiency Disorders Control Programme is to fortify salt with iron.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

51. The "Ecology of Malnutrition" suggests that the problem is caused by:
(A) Single factor deficiency involving a lack of nutritious food
(B) Primary genetic predisposition toward specific metabolic disorders
(C) Interaction of biological, social, economic, and cultural factors
(D) Failure of various international food aid and relief programs

52. Match the items in List I (Pollutant) with those in List II (Primary Source).
List I (Pollutant)
P. Carbon Monoxide (CO)
Q. Sulfur Dioxide (SO2)
R. Lead (Pb)
S. Methane (CH4)
List II (Primary Source)
1. Burning of coal and fossil fuels
2. Incomplete combustion of fuels (e.g., vehicle exhaust)
3. Agricultural activities and livestock
4. Old paints, batteries, and industrial processes
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-3, R-4, S-1

53. Which of the following is a key component of the 'utilization' pillar of food security?
(A) The quantity of food available in the market.
(B) The purchasing power of the household to buy food.
(C) The body's ability to absorb and use nutrients from the food consumed.
(D) The presence of a national food distribution system.

54. How does a person's level of education act as a social determinant of health?
(A) It has no bearing on health as it is purely biological
(B) It influences health literacy, employment, and income levels
(C) It directly determines genetic makeup and disease susceptibility
(D) It universally leads to riskier behaviors and poor outcomes

55. Consider the following statements about the built environment's impact on health:
(i) Well-designed neighborhoods with sidewalks and parks can promote physical activity.
(ii) Poor housing quality with dampness and mold can exacerbate respiratory conditions like asthma.
(iii) Lack of access to healthy food retailers ('food deserts') is a feature of the built environment.
(iv) The design of a building has no effect on the mental well-being of its occupants.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

56. Which of the following is NOT a principle of food safety?
(A) Use water and raw materials from unverified sources to build immunity.
(B) Keep raw and cooked foods separate to prevent cross-contamination.
(C) Cook foods thoroughly to kill harmful microorganisms.
(D) Store foods at safe temperatures (either hot or cold).

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prevents nutrient absorption.

74. Consider the following components of the 'access' dimension of food security:
(i) Household purchasing power
(ii) Individual's ability to eat the food
(iii) Market and price stability
(iv) National food distribution infrastructure
Arrange the components in a logical order from macro to micro level.
(A) (iv), (iii), (i), (ii)
(B) (i), (ii), (iii), (iv)
(C) (ii), (i), (iv), (iii)
(D) (iv), (i), (iii), (ii)

75. Consider the following statements regarding the health impacts of climate change:
(i) Increased frequency of heatwaves can lead to a rise in heat strokes.
(ii) Changes in vector ecology can alter the transmission patterns of diseases like malaria and dengue.
(iii) Sea-level rise can cause displacement of coastal populations.
(iv) Air quality may worsen due to conditions favorable for the formation of ground-level ozone.
(v) Food production systems may be negatively impacted, leading to increased food insecurity.
(A) (i), (ii), and (iii) only
(B) (i), (ii), and (v) only
(C) (ii), (iii), (iv), and (v) only
(D) All are correct

76. The concept of "health inequity" as a social determinant of health refers to:
(A) Differences in health status that are biologically determined and unavoidable.
(B) Systematic, avoidable, and unjust differences in health status between different groups of people.
(C) Random variations in health outcomes within a population.
(D) The equal distribution of health resources regardless of need.

77. Which of the following is an example of 'non-point source' water pollution?
(A) Effluent pipe from a factory discharging directly into a river.
(B) A municipal sewage outlet.
(C) Agricultural runoff containing pesticides and fertilizers from a large area of farmland.
(D) A leak from an oil tanker at a specific location.

78. Read the following statements and select the correct option.
Statement I : Yellow color-coded bags in hospital waste management are used for incinerable waste like human anatomical waste and soiled dressings.
Statement II : Red color-coded bags are used for recyclable contaminated waste like plastic tubing and syringes (without needles).
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

79. The management of iron deficiency anemia in a public health program would most likely include:
(A) Supplementation with iron and folic acid tablets.
(B) Distribution of iodized salt.
(C) Supplementation with Vitamin A capsules.
(D) A high-carbohydrate, low-fat diet.

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80. Match the items in List I (Nutritional Deficiency) with those in List II (Clinical Sign).
List I (Nutritional Deficiency)
P. Vitamin A
Q. Vitamin C
R. Niacin (B3)
S. Iodine
List II (Clinical Sign)
1. Goitre
2. Bleeding gums
3. Bitot's spots
4. Dermatitis, Diarrhea, Dementia
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-3, Q-2, R-4, S-1
(D) P-2, Q-3, R-1, S-4

(B) Facilitation of the spread of airborne infectious diseases
(C) Increased risk of accidents like falls
(D) Reduced privacy leading to mental stress

66. Match the items in List I (Social Determinant) with those in List II (Potential Health Impact).
List I (Social Determinant)
P. Low income
Q. Low educational attainment
R. Social exclusion
S. Unemployment
List II (Potential Health Impact)
1. Reduced access to health information and poor health literacy
2. Mental health issues like depression and anxiety
3. Inability to afford nutritious food and adequate housing
4. Limited access to social services and increased stress
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-2, R-4, S-1

67. Which of the following is NOT a water-borne disease?
(A) Typhoid
(B) Cholera
(C) Tetanus
(D) Hepatitis A

68. The primary objective of the Anemia Mukt Bharat strategy is to:
(A) Eradicate iodine deficiency disorders.
(B) Promote the consumption of Vitamin A rich foods.
(C) Improve sanitation coverage in rural areas.
(D) Reduce the prevalence of anemia across various age groups.

69. Consider the following statements about malnutrition:
(i) Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients.
(ii) It encompasses both undernutrition (wasting, stunting, underweight) and overweight/obesity.
(iii) A person can be obese and still be malnourished in terms of micronutrients.
(iv) The ecology of malnutrition considers only the dietary intake of an individual.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

70. "Sick Building Syndrome" is a condition most closely associated with which aspect of the environment?
(A) Outdoor air pollution
(B) Indoor air quality within a built environment
(C) Water contamination
(D) Climate change

71. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Universal salt iodization is a key public health strategy for controlling Iodine Deficiency Disorders (IDDs).
Reason (R) : Iodine is an essential micronutrient for the synthesis of thyroid hormones, and its deficiency leads to conditions like goitre and cretinism.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

72. In the context of waste management, what does "autoclaving" achieve?
(A) It uses high-pressure steam to sterilize infectious waste.
(B) It burns waste at very high temperatures.
(C) It compacts waste to reduce its volume.
(D) It segregates waste into different categories automatically.

73. Which of the following best exemplifies a socio-cultural barrier to good nutrition?
(A) A flood destroys crops, making food unavailable.
(B) A family cannot afford to buy vegetables and fruits.
(C) A belief that pregnant women should not eat papaya, leading to reduced intake of Vitamin A.
(D) A child has a parasitic infection that

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(A) (i), (ii), and (iv)
(B) (i), (iii), and (iv)
(C) (ii), (iv), and (v)
(D) (i), (iii), and (v)

89. The most severe form of acute malnutrition, characterized by significant wasting (low weight-for-height), is known as:
(A) Stunting
(B) Underweight
(C) Severe Acute Malnutrition (SAM)
(D) Micronutrient deficiency

90. The primary purpose of the 'socio-cultural aspects of nutrition' field of study is to understand:
(A) How social and cultural factors shape food habits and nutritional status.
(B) The biochemical pathways of nutrient metabolism.
(C) The global economics of food production.
(D) The legal framework for food safety.

91. The increase in the Earth's average temperature due to the trapping of heat by certain gases in the atmosphere is known as:
(A) The Ozone hole effect
(B) The Acid rain effect
(C) The Albedo effect
(D) The Greenhouse effect

92. Read the following statements and select the correct option.
Statement I : Composting is an aerobic process where organic matter is decomposed into a humus-like material.
Statement II : Incineration is a waste treatment process that involves the combustion of organic substances contained in waste materials.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

93. A health official wants to quickly screen a large number of children under five for acute malnutrition in a famine-stricken area. Which would be the most practical and effective anthropometric tool?
(A) Measuring crown-heel length
(B) Performing a 24-hour dietary recall
(C) Measuring Mid-Upper Arm Circumference (MUAC)
(D) Taking a blood sample for serum albumin

94. Match the items in List I (Term) with those in List II (Description).
List I (Term)
P. Food Adulteration
Q. Food Fortification
R. Food Fad
S. Food Taboo
List II (Description)
1. An irrational belief or practice about food, often with no scientific basis
2. The prohibition of consuming certain foods for cultural or religious reasons
3. The intentional addition of an inferior or harmful substance to a food item
4. The addition of micronutrients to food to improve its nutritional value
(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-4, R-1, S-3

95. What is the primary health rationale for promoting adequate housing standards?
(A) To protect against the elements, prevent injuries, and reduce the transmission of communicable diseases.
(B) To improve the aesthetic appearance of a city.
(C) To increase property values and generate municipal tax revenue.
(D) To provide a status symbol for residents.

96. Which of these is a key legislative act in India aimed at providing food and nutritional security as a human right?
(A) The Prevention of Food Adulteration Act, 1954
(B) The National Food Security Act, 2013
(C) The Consumer Protection Act, 1986
(D) The Environment Protection Act, 1986

97. Consider the following statements about environmental pollution:

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81. Which one of the following is a key objective of the Food Safety and Standards Authority of India (FSSAI)?
(A) To set national targets for agricultural production.
(B) To lay down science-based standards for articles of food and to regulate their manufacture, storage, distribution, sale, and import.
(C) To manage the public distribution system for subsidized grains.
(D) To conduct research on genetically modified crops.

82. The term "food desert" within the context of the built environment refers to:
(A) An area with limited access to affordable and nutritious food, particularly fresh fruits and vegetables.
(B) A geographical area with an abundance of fast-food restaurants.
(C) An agricultural region suffering from severe drought.
(D) A rural area where traditional farming methods are practiced.

83. Consider the following statements about water and sanitation:
(i) A sanitary well is protected from surface water contamination.
(ii) Disinfection is the final step in municipal water treatment, designed to kill any remaining pathogens.
(iii) Water-washed diseases (e.g., scabies) are caused by a lack of sufficient quantity of water.
(iv) The presence of high levels of fluoride in water is always beneficial for health.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

84. Low birth weight, poor cognitive development, and increased maternal mortality are all health consequences strongly associated with which nutritional deficiency during pregnancy?
(A) Vitamin C deficiency
(B) Calcium deficiency
(C) Vitamin K deficiency
(D) Iron deficiency anemia

85. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Improving female education is a powerful intervention for improving child nutrition and health.
Reason (R) : Educated mothers are more likely to have better health knowledge, adopt improved hygiene and feeding practices, and have greater autonomy in household decisions related to health.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

86. Which of the following is an example of 'Reuse' in the waste management hierarchy?
(A) Using fruit and vegetable peels to make compost.
(B) Using a glass jar again for storing food items after its original contents are finished.
(C) Sending old newspapers to a mill to be made into new paper.
(D) Buying products with less packaging.

87. Identify the incorrect pair of a nutritional program and its primary target group.
(A) ICDS - Children 0-6 years, pregnant & lactating women
(B) Mid-Day Meal Scheme - School children (Classes I-VIII)
(C) Anemia Mukt Bharat - Children, adolescents, pregnant & lactating women
(D) National Food Security Act - All citizens of India irrespective of income

88. Consider the following statements:
(i) Social determinants of health operate at individual, community, and national levels.
(ii) The relationship between income and health is linear, with no diminishing returns at higher income levels.
(iii) Cultural beliefs about illness and healing can influence health-seeking behaviors.
(iv) Job security is considered a social determinant of health.
(v) The physical environment is entirely separate from the social determinants of health.

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105. A "food taboo" is best described as:
(A) A culturally or religiously motivated prohibition against consuming a particular food.
(B) A scientifically proven dietary restriction for a specific medical condition.
(C) A government-issued warning against contaminated food.
(D) A popular but temporary dietary trend or fad.

106. Which of the following is a direct consequence of inadequate sanitation?
(A) Contamination of soil and water sources with human excreta
(B) Increased atmospheric carbon dioxide
(C) Depletion of the ozone layer
(D) Acid rain

107. Match the items in List I (Health Condition) with those in List II (Primary Environmental Link).
List I (Health Condition)
P. Asthma exacerbation
Q. Cholera outbreak
R. Skin cancer
S. Neurological deficits in children
List II (Primary Environmental Link)
1. Contaminated drinking water
2. Exposure to indoor air pollutants (e.g., mold, dust mites)
3. Exposure to ultraviolet (UV) radiation
4. Exposure to environmental lead
(A) P-1, Q-2, R-4, S-3
(B) P-2, Q-1, R-3, S-4
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-4, S-3

108. The nutritional disease characterized by severe energy deficiency, extreme wasting, and an "old man's face" appearance in infants is:
(A) Kwashiorkor
(B) Marasmus
(C) Scurvy
(D) Pellagra

109. What is the fundamental principle behind the concept of 'social determinants of health'?
(A) Social, economic, and political conditions significantly shape the health of individuals and populations.
(B) Health is predetermined by genetics and is unchangeable.
(C) Individual lifestyle choices are the only factors that matter for health.
(D) The quality of hospitals is the sole determinant of a nation's health.

110. Consider the following criteria for healthful housing:
(i) Protection from the elements.
(ii) Provision of safe water supply and sanitation.
(iii) Sufficient living space to avoid overcrowding.
(iv) Presence of a home, which offers social and psychological security.
(A) (i) and (ii) only
(B) (i), (ii) and (iii) only
(C) (iii) and (iv) only
(D) (i), (ii), (iii) and (iv)

111. The term 'food security' implies that all people, at all times, have:
(A) Physical, social, and economic access to sufficient, safe, and nutritious food.
(B) Physical and economic access to their preferred food choices.
(C) Access to government-run food distribution centers.
(D) A personal kitchen garden to grow their own food.

112. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Inadequate management of hospital waste poses a risk not only to healthcare workers but also to the general community.
Reason (R) : Improperly disposed waste, such as sharps or infectious materials, can end up in municipal dumpsites or contaminate the environment.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

113. Which of the following is NOT a primary component of the Integrated Child Development Services (ICDS) program?
(A) Supplementary nutrition

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(i) Air pollution is solely a problem of large industrial cities.
(ii) Noise pollution can cause both auditory and non-auditory health effects.
(iii) Water pollution can affect human health directly through consumption and indirectly through the food chain.
(iv) The built environment is immune to the effects of environmental pollution.
(A) (i) and (iv)
(B) (ii) and (iii)
(C) (i), (ii) and (iii)
(D) (ii) and (iv)

98. The 'ecology of malnutrition' framework would analyze a child's stunting by considering which of the following factors?
(A) The interplay of household income, maternal education, sanitation, access to healthcare, and feeding practices.
(B) Only the child's daily calorie intake.
(C) The genetic height of the child's parents.
(D) The availability of nutritional supplements in the local pharmacy.

99. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Social determinants have a greater impact on health outcomes than medical care.
Reason (R) : Factors like income, education, and housing shape the conditions of daily life, which create or mitigate health risks before clinical intervention is needed.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

100. All of the following are direct health impacts of climate change EXCEPT:
(A) Increased incidence of heat stroke during heatwaves.
(B) Increased rates of genetic mutations due to cosmic rays.
(C) Changes in the geographic range of vector-borne diseases.
(D) Mental health impacts from displacement due to sea-level rise.

101. Which anthropometric index is the best indicator of stunting or chronic malnutrition in children?
(A) Weight-for-age
(B) Weight-for-height
(C) Height-for-age
(D) Mid-Upper Arm Circumference

102. Read the following statements and select the correct option.
Statement I : The Integrated Child Development Services (ICDS) is a centrally sponsored scheme implemented through Anganwadi centers.
Statement II : The primary beneficiaries of the ICDS scheme are adolescent girls and elderly men.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

103. In hospital waste management, what is the appropriate color code for a bag containing discarded items like IV tubes, catheters, and gloves?
(A) Yellow
(B) Red
(C) Blue
(D) Black

104. Consider the following statements related to food standards and legislation in India:
(i) FSSAI is the single reference point for all matters relating to food safety and standards.
(ii) The Prevention of Food Adulteration Act has been subsumed into the Food Safety and Standards Act, 2006.
(iii) Food legislation aims to protect consumers from fraudulent and unsafe food products.
(iv) FSSAI is only responsible for imported food products.
(v) Food standards are voluntary guidelines with no legal enforcement.
(A) (i), (ii), and (v)
(B) (i), (ii), and (iii)
(C) (iii), (iv), and (v)
(D) (i), (iv), and (v)

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(C) Social determinants of health
(D) Health care systems

123. Which of the following is a potential health impact of climate change on water resources?
(A) Universal increase in the availability of fresh water.
(B) Increased risk of both droughts and floods, affecting water quality and quantity.
(C) Decreased salinity of coastal aquifers.
(D) Elimination of all water-borne pathogens due to higher temperatures.

124. Match the items in List I (Nutrient) with those in List II (Rich Food Source).
List I (Nutrient)
P. Iron
Q. Vitamin A (Carotene)
R. Iodine
S. Calcium
List II (Rich Food Source)
1. Papaya, Mango, Carrots
2. Milk, Ragi
3. Green leafy vegetables, Jaggery
4. Iodized salt, Seafood
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-2, R-4, S-1

125. The addition of chalk powder to flour or water to turmeric powder are examples of:
(A) Food fortification
(B) Food adulteration
(C) Food preservation
(D) Food enrichment

126. A family lives in a damp, poorly ventilated house with significant mold growth. The children in the family are experiencing frequent asthma attacks. This scenario illustrates the impact of which determinant on health?
(A) Genetic determinant
(B) Environmental determinant (housing)
(C) Social determinant (income)
(D) Behavioral determinant (diet)

127. Consider the following statements regarding the ecology of malnutrition:
(i) It recognizes that malnutrition is a multifaceted problem with deep social and economic roots.
(ii) Repeated infections can worsen a child's nutritional status.
(iii) A household's lack of access to safe drinking water can contribute to malnutrition.
(iv) The educational level of the mother is irrelevant to a child's nutritional outcome.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

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128. What does a "low weight-for-height" Z-score in a child indicate?
(A) Wasting (acute malnutrition)
(B) Stunting (chronic malnutrition)
(C) Overweight
(D) Normal growth

129. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : The National Food Security Act, 2013, represents a paradigm shift from a welfare-based to a rights-based approach to food security.
Reason (R) : The Act makes access to subsidized food grains a legal entitlement for a large section of the population, making the government legally accountable.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

130. The primary purpose of a 'biochemical assessment' of nutritional status is to:
(A) Analyze nutrient levels in blood, urine, or tissues.
(B) Observe physical signs of malnutrition.
(C) Measure body dimensions like height and weight.
(D) Record the types and quantities of food eaten.

131. Which of the following is NOT a responsibility of the Food Safety and Standards Authority of India (FSSAI)?
(A) Fixing the Minimum Support Price (MSP) for crops.

(B) Immunization
(C) Financial loans for starting small businesses
(D) Pre-school non-formal education

114. The most important health impact of increasing levels of fine particulate matter (PM2.5) in the air is on which system of the body?
(A) Cardiovascular and Respiratory systems
(B) Digestive system
(C) Skeletal system
(D) Endocrine system

115. Consider the following steps in the assessment of community nutritional status:
(i) Interpretation of data and identification of problems
(ii) Data collection (anthropometric, dietary, clinical, biochemical)
(iii) Defining the objectives and target population
(iv) Developing an action plan based on findings
Arrange the steps in a logical sequence.
(A) (iii), (ii), (i), (iv)
(B) (ii), (i), (iii), (iv)
(C) (i), (ii), (iv), (iii)
(D) (iii), (iv), (ii), (i)

116. A public health investigation reveals a correlation between lower income levels and higher rates of chronic diseases like diabetes and hypertension in a city. This finding is a clear example of:
(A) A clinical care failure
(B) A social determinant of health
(C) A genetic anomaly
(D) A random statistical occurrence

117. Which of the following correctly pairs a nutritional disease with its primary deficiency?
(A) Scurvy - Vitamin C deficiency
(B) Rickets - Vitamin B12 deficiency
(C) Beriberi - Vitamin A deficiency
(D) Pellagra - Iron deficiency

118. Read the following statements and select the correct option.
Statement I : The built environment refers only to large-scale urban infrastructure like roads and bridges.
Statement II : Housing is a critical component of the built environment that has profound impacts on physical and mental health.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

119. A key feature of the management of Marasmus is providing a diet that is:
(A) High in both energy and protein.
(B) High in protein but very low in energy.
(C) High in fiber and water.
(D) Low in all macronutrients to give the gut rest.

120. Consider the following statements about waste management:
(i) Segregation at source is a critical first step for effective waste management.
(ii) Landfilling is the most environmentally sustainable method of waste disposal.
(iii) Incineration can help in reducing the volume of waste and can also be used to generate energy.
(iv) Hospital waste can be safely mixed with municipal solid waste for disposal.
(v) Recycling helps conserve natural resources and reduce pollution.
(A) (i), (ii), and (iii)
(B) (i), (iii), and (v)
(C) (ii), (iv), and (v)
(D) (i), (iv), and (v)

121. What is the primary aim of the Mid-Day Meal Scheme in Indian schools?
(A) To provide employment to local cooks.
(B) To improve the nutritional status of children and encourage school attendance.
(C) To teach children about different types of food.
(D) To use surplus food grains from government stocks.

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122. "The conditions in which people are born, grow, live, work and age" is a widely accepted definition of:
(A) Genetic predisposition
(B) Clinical pathology

57. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : The provision of adequate sanitation facilities is a critical public health intervention.
Reason (R) : Proper disposal of human excreta interrupts the transmission cycle of many fecal-oral diseases like cholera and typhoid.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

58. Which of the following nutritional programs is primarily school-based?
(A) Mid-Day Meal Scheme
(B) Integrated Child Development Services (ICDS)
(C) National Food Security Mission
(D) Anemia Mukt Bharat

59. Identify the correct statement about waste management.
(A) Incineration is a process of decomposing organic waste using microorganisms.
(B) Composting is a high-temperature process that burns waste to reduce its volume.
(C) 'Reduce' in the 3Rs means converting waste materials into new products.
(D) A sanitary landfill is designed to prevent leachate from contaminating groundwater.

60. Consider the following forms of Vitamin A Deficiency (Xerophthalmia):
(i) Corneal Ulceration (X3A/X3B)
(ii) Bitot's Spots (X1B)
(iii) Corneal Scarring (XS)
(iv) Night Blindness (XN)
Arrange the forms in the order of increasing severity.
(A) (iv), (ii), (i), (iii)
(B) (ii), (iv), (i), (iii)
(C) (i), (ii), (iii), (iv)
(D) (iv), (i), (ii), (iii)

61. Consider the following statements regarding the social determinants of health:
(i) Social support networks can provide a buffer against the negative health effects of stress.
(ii) Unemployment is often associated with poorer mental and physical health.
(iii) Gender inequalities can lead to differential health outcomes between men and women.
(iv) Access to healthcare services is independent of a person's social or economic status.
(v) Early childhood development has a lasting impact on health throughout life.
(A) (i), (iv), and (v)
(B) (ii), (iii), and (iv)
(C) (i), (ii), (iii), and (v)
(D) All are correct

62. The process by which the concentration of a pollutant increases in organisms at successively higher levels in a food chain is known as:
(A) Biodegradation
(B) Bioaccumulation
(C) Bioremediation
(D) Biomagnification

63. Which method of nutritional assessment involves looking for physical signs like pale conjunctiva, Bitot's spots, or thyroid enlargement?
(A) Clinical assessment
(B) Anthropometric assessment
(C) Biochemical assessment
(D) Dietary assessment

64. Read the following statements and select the correct option.
Statement I : The National Food Security Act (NFSA), 2013, aims to provide subsidized food grains to a significant portion of India's population as a legal right.
Statement II : The Act only covers the provision of rice and wheat and does not include coarse grains.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

65. What is the most significant health concern related to overcrowding in housing?
(A) Increased risk of chronic non-communicable diseases

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(B) Framing regulations to lay down food safety standards.
(C) Laying down guidelines for accreditation of labs for food testing.
(D) Providing scientific advice and technical support to the Central and State Governments in matters of food safety.

132. The concept that health status is determined by an accumulation of advantages or disadvantages over the entire life course is central to understanding:
(A) Social determinants of health
(B) Acute infectious diseases
(C) Mendelian genetics
(D) Hospital accreditation standards

133. Which of the following is an example of a water-related disease that is NOT water-borne but is related to inadequate water for hygiene?
(A) Cholera
(B) Scabies
(C) Typhoid
(D) Hepatitis A

134. Read the following statements and select the correct option.
Statement I : Climate change can lead to more frequent and intense extreme weather events such as heatwaves, floods, and droughts.
Statement II : These extreme weather events have minimal or no direct and indirect impacts on human health.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

135. Consider the following statements:
(i) Kwashiorkor is primarily a deficiency of dietary protein.
(ii) Marasmus is a deficiency of both protein and total calories.
(iii) Edema (swelling) is a classic sign of marasmus.
(iv) Severe wasting is the most prominent feature of Kwashiorkor.
(v) A child with Marasmus often appears apathetic, while a Kwashiorkor child may be irritable.
(A) (i), (ii), and (v)
(B) (ii), (iii), and (iv)
(C) (i), (iv), and (v)
(D) (i), (ii), and (iii)

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136. The management of a nutritional disease should ideally include:
(A) A combination of dietary management, treatment of infections, and addressing underlying socio-economic factors.
(B) Only dietary modification.
(C) Only pharmacological supplements.
(D) Focusing solely on the clinical symptoms without a proper diagnosis.

137. Which of the following best represents the "availability" aspect of food security?
(A) A household has enough money to buy food.
(B) Sufficient quantities of food are available on a consistent basis from production or imports.
(C) An individual's body can properly absorb nutrients.
(D) A person chooses to eat a healthy diet.

138. In the context of the built environment, what is the primary public health concern with urban sprawl?
(A) It encourages walking and cycling.
(B) It leads to automobile dependency, reduced physical activity, and higher air pollution.
(C) It promotes social interaction in dense community centers.
(D) It ensures equitable access to green spaces for all residents.

139. The term 'environmental health' comprises those aspects of human health determined by:
(A) Physical, chemical, biological, social, and psychosocial factors in the environment.
(B) Genetic and hereditary factors only.
(C) The efficiency and quality of the healthcare delivery system.
(D) Individual lifestyle choices and behaviors, irrespective of the surrounding environment.

(B) A national nutrition policy
(C) A food safety standard
(D) A biochemical pathway

195. Read the following statements and select the correct option.
Statement I : The primary goal of waste management is to dispose of all waste in landfills.
Statement II : A key principle of modern waste management is the 'waste hierarchy' (Reduce, Reuse, Recycle).
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

196. The management of severe iron deficiency anemia involves:
(A) Oral or parenteral administration of iron, along with a nutritious diet.
(B) Administration of high doses of Vitamin A.
(C) A diet exclusively consisting of fluids.
(D) Immediate surgical intervention.

197. Consider the following statements about social determinants of health:
(i) They are the primary cause of communicable diseases only.
(ii) They include factors like income, social status, education, and physical environment.
(iii) Their impact on health is generally less significant than that of medical care.
(iv) Health inequities arise from the unequal distribution of these determinants.
(v) Early life experiences have little impact on adult health.
(A) (i) and (iii)
(B) (ii) and (iv)
(C) (i), (iii), and (v)
(D) (ii), (iv), and (v)

198. The 'access' dimension of food security refers to the ability of individuals and households to:
(A) Obtain adequate food, either through production, purchase, or aid.
(B) Produce their own food.
(C) Digest and metabolize the food they eat.
(D) Store food for long periods.

199. Which environmental factor is the most direct cause of water-borne diseases like cholera and typhoid?
(A) Fecal contamination of drinking water sources
(B) Air pollution from vehicles
(C) High levels of noise in urban areas
(D) Soil erosion

200. The nutritional assessment method that measures a person's height, weight, and body circumference is called:
(A) Anthropometric assessment
(B) Biochemical assessment
(C) Clinical assessment
(D) Dietary assessment

201. Which term describes the unfair and avoidable differences in health status seen within and between countries?
(A) Health balance
(B) Health inequities
(C) Health uniformity
(D) Health parity

202. Read the following statements and select the correct option.
Statement I : A person's income level has no influence on their health outcomes.
Statement II : Lower income can restrict access to nutritious food and quality healthcare.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

203. The concept that events and environments in early childhood can influence health throughout a person's life is known as the:
(A) Acute care approach
(B) Life-course approach to health
(C) Genetic determinism model
(D) Biomedical model

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149. The primary mechanism by which carbon monoxide (CO) harms human health is by:
(A) Binding to hemoglobin and reducing the blood's oxygen-carrying capacity.
(B) Causing mutations in DNA.
(C) Destroying lung tissue directly.
(D) Increasing blood pressure.

150. Read the following statements and select the correct option.
Statement I : Waste segregation is the most crucial step in hospital waste management.
Statement II : Mixing all types of hospital waste together simplifies the disposal process and is a recommended practice.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

151. What is the main purpose of the National Iodine Deficiency Disorders Control Programme?
(A) To promote the consumption of iodized salt to prevent goitre and cretinism.
(B) To ensure universal access to iron-rich foods.
(C) To manage and treat cases of severe acute malnutrition.
(D) To improve the hygiene and sanitation practices in rural areas.

152. Consider the following statements:
(i) The "ecology of malnutrition" examines nutrition problems in the context of the entire ecosystem of a community.
(ii) It considers factors like agricultural patterns, economic systems, and cultural practices.
(iii) It views malnutrition solely as a medical problem to be treated with pills.
(iv) A key concept is the synergistic relationship between malnutrition and infection.
(v) This approach suggests that interventions must be multi-sectoral.
(A) (i), (ii), (iv), and (v)
(B) (ii), (iii), and (iv)
(C) (i), (iii), and (v)
(D) All are correct

153. A rise in global sea levels due to climate change is primarily caused by:
(A) Thermal expansion of seawater and melting of glaciers and ice sheets.
(B) Increased rainfall over the oceans.
(C) Decreased evaporation from the ocean surface.
(D) Tectonic plate movements.

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154. The concept of 'food safety' primarily deals with:
(A) Protecting consumers from risks of foodborne illness and injury.
(B) The nutritional content of food.
(C) The affordability of food.
(D) The aesthetic presentation of food.

155. Which of the following is NOT a characteristic of healthful housing?
(A) Adequate daylight and sunlight
(B) A location built on a contaminated industrial site
(C) Protection against noise and pollution
(D) Safe and sufficient water supply

156. Match the items in List I (Type of Sanitation Barrier) with those in List II (Example).
List I (Type of Sanitation Barrier)
P. Primary Barrier
Q. Secondary Barrier
R. Water Seal
S. Sanitary Well
List II (Example)
1. Prevention of fly breeding and odors in a latrine
2. Protection of a water source from contamination
3. Safe collection and containment of excreta at the source (e.g., toilet)
4. Proper disposal or treatment of sewage/ sludge
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-4, R-1, S-3

157. A public health policy that aims to reduce health inequalities by providing additional resources to disadvantaged communities is an example of promoting:
(A) Health equity
(B) Health equality

(ii) Social support from family and friends has no impact on health.
(iii) Stress, particularly chronic stress related to economic circumstances, has negative health impacts.
(iv) Access to safe and affordable housing is a key social determinant of health.
(v) Individual lifestyle choices are completely independent of social context.
(A) (i), (ii), and (v)
(B) (ii), (iii), and (iv)
(C) (i), (iii), and (iv)
(D) All are correct

213. The ability to understand basic health information and services and use them to make appropriate health decisions is known as:
(A) Health education
(B) Health literacy
(C) Health promotion
(D) Health insurance

214. Which of the following illustrates the impact of culture as a social determinant of health?
(A) A community's beliefs about the causes of illness, which affects their choice to seek medical care.
(B) A person's height and weight.
(C) The prevalence of a genetic disorder in a family.
(D) The availability of clean water in a village.

215. The 'social gradient' in health is a term used to describe the phenomenon where:
(A) Health improves as social position rises.
(B) Health declines as social position rises.
(C) Health is independent of social position.
(D) Health is only poor for those at the very bottom of society.

216. Read the following statements and select the correct option.
Statement I : Social determinants of health are relevant only in developing countries.
Statement II : Health inequities and the social gradient are observed in all countries regardless of economic development.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

217. A policy intervention focused on improving job security and providing unemployment benefits would be targeting which social determinant of health?
(A) Early childhood development
(B) Education
(C) Employment and working conditions
(D) Social support networks

218. The concept of "health equity" focuses on:
(A) Eliminating health disparities that are systematic and unjust.
(B) Ensuring everyone receives the exact same healthcare resources.
(C) Studying the biological basis of disease.
(D) Providing everyone with health insurance.

219. Consider the following statements about the impact of education on health:
(i) Higher education is often linked to higher income and better employment.
(ii) Education can improve health literacy and the ability to navigate the healthcare system.
(iii) Educated individuals may be more likely to adopt healthier behaviors.
(iv) The health benefits of education are limited to the individual.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

220. The interconnected nature of social categorizations such as race, class, and gender as they apply to creating overlapping systems of disadvantage is known as:
(A) Social stratification
(B) Intersectionality
(C) Social mobility
(D) Cultural relativism

221. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Strong social support networks are considered a positive social determinant of health.

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stress.
(ii) The built environment includes transportation systems.
(iii) Access to green spaces in a neighborhood is linked to better mental health.
(iv) Sick building syndrome is caused by chemical and microbial contaminants.
(v) The built environment has no relationship with non-communicable diseases like obesity.
(A) (i), (ii), (iii), and (iv)
(B) (ii), (iii), and (v)
(C) (i), (iv), and (v)
(D) All are correct

168. The spread of diseases like dengue and chikungunya is expected to increase in new geographical regions due to:
(A) Increased human migration.
(B) Changes in temperature and rainfall patterns favoring the mosquito vector.
(C) A decrease in human immunity.
(D) Increased air pollution.

169. What is the role of a 'dietary survey' in nutritional assessment?
(A) To evaluate the food and nutrient intake of an individual or a group.
(B) To measure height and weight.
(C) To analyze blood for nutrient levels.
(D) To identify physical signs of deficiency.

170. Which of the following is a direct health consequence of inadequate and unsafe water supply?
(A) Higher incidence of water-borne diseases
(B) Increased literacy rates
(C) Improved agricultural output
(D) Reduced air pollution

171. Match the items in List I (Concept) with those in List II (Example).
List I (Concept)
P. Social Gradient
Q. Health Inequity
R. Social Support
S. Life Course Approach
List II (Example)
1. Friends helping an individual during a period of illness.
2. Poor nutritional status in childhood leading to chronic disease in adulthood.
3. The CEO of a company having a longer life expectancy than a janitor.
4. Higher infant mortality rates in marginalized communities compared to the national average.
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-2, R-4, S-1

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172. The ultimate, and least preferred, method of solid waste disposal in the waste hierarchy is:
(A) Recycling
(B) Composting
(C) Incineration
(D) Landfilling

173. The legislation that makes it a legal right for a large part of the Indian population to receive subsidized food grains is:
(A) The National Food Security Act (NFSA)
(B) The Essential Commodities Act
(C) The FSSAI Act
(D) The Consumer Protection Act

174. A high prevalence of goitre in a population is an indicator of widespread deficiency of:
(A) Iron
(B) Vitamin A
(C) Iodine
(D) Protein

175. Consider the following statements regarding the impact of the built environment on health:
(i) A neighborhood's walkability can influence residents' daily physical activity levels.
(ii) Proximity to parks and recreational facilities is associated with better health outcomes.
(iii) 'Food deserts' are a characteristic of the built environment that negatively impacts choices.
(iv) The quality of housing has no bearing on mental health.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

176. What is the primary cause of acid rain?
(A) The release of sulfur dioxide and nitrogen

oxides from burning fossil fuels.
(B) The release of carbon monoxide and methane into the atmosphere.
(C) The depletion of the ozone layer by chlorofluorocarbons.
(D) The excessive use of fertilizers in agriculture.

177. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : A person's employment status is a key social determinant of their health.
Reason (R) : Employment provides income and social networks, while unemployment is often linked to financial stress and poor mental health.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

178. In the Anganwadi centers under ICDS, 'supplementary nutrition' is provided to:
(A) Address the gap between the recommended dietary allowance and the average daily intake.
(B) Replace the home diet completely.
(C) Serve as a full meal for the entire family.
(D) Provide only micronutrient supplements.

179. A community with a high literacy rate and good access to health information is likely to have better health outcomes. This demonstrates the role of which social determinant?
(A) Income
(B) Social network
(C) Education
(D) Genetics

180. Read the following statements and select the correct option.
Statement I : In hospital waste management, blue containers are typically used for the disposal of metallic body implants and glass vials.
Statement II : Black containers are used for the disposal of general, non-infectious waste similar to municipal garbage.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

181. The term "wasting" in children, assessed by weight-for-height, indicates:
(A) Long-term, chronic malnutrition.
(B) Recent and severe weight loss, often due to acute starvation or disease.
(C) A genetic predisposition to being thin.
(D) A normal variation in growth.

182. Consider the following statements:
(i) A food fad is a popular, often short-lived, enthusiasm for a particular food or diet.
(ii) Food fads are always based on robust scientific evidence.
(iii) A food taboo is a cultural or religious restriction on consuming certain foods.
(iv) Socio-cultural factors have a negligible impact on a population's dietary patterns.
(v) The way food is shared and consumed can reinforce social bonds.
(A) (i), (iii), and (v)
(B) (ii), (iv), and (v)
(C) (i), (ii), and (iii)
(D) (iii), (iv), and (v)

183. The most significant challenge posed by climate change to food security is:
(A) Changes in food tastes and preferences.
(B) Disruption of agricultural production due to altered weather patterns.
(C) Increased spoilage of food due to lack of refrigeration.
(D) Difficulty in transporting food across international borders.

184. The difference in health status between a wealthy neighborhood with clean parks and a poor neighborhood with high levels of pollution is an example of:
(A) Health inequity
(B) Health equity
(C) A random occurrence
(D) A purely genetic difference

185. The primary objective of providing sanitary latrines is to:

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(A) Break the cycle of fecal-oral disease transmission.
(B) Improve the aesthetic look of a house.
(C) Provide a comfortable place for sitting.
(D) Conserve water.

186. Match the items in List I (Nutritional Assessment) with those in List II (Indicator/Tool).
List I (Nutritional Assessment)
P. Anthropometry
Q. Biochemical
R. Clinical
S. Dietary
List II (Indicator/Tool)
1. Serum Albumin
2. 24-hour dietary recall
3. Weight-for-height Z-score
4. Presence of Bitot's spots
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

187. "Anemia Mukt Bharat" is a national program in India that primarily aims to reduce the prevalence of deficiency of which micronutrient?
(A) Iodine
(B) Vitamin A
(C) Iron
(D) Calcium

188. Which of the following best describes the interaction between malnutrition and infection?
(A) They form a vicious cycle where malnutrition lowers immunity, increasing susceptibility to infection.
(B) They are independent conditions that do not influence each other.
(C) Infection always leads to improved nutritional status.
(D) Malnutrition is solely caused by infection.

189. Consider the following statements about FSSAI:
(i) It is an autonomous body established under the Food Safety and Standards Act, 2006.
(ii) It is responsible for protecting and promoting public health through the regulation of food safety.
(iii) It has no role in setting standards for food labeling.
(iv) Its mandate covers the entire food chain from 'farm to fork'.
(A) (i) and (iii) only
(B) (ii) and (iv) only
(C) (i), (ii) and (iv) only
(D) (i), (ii), (iii) and (iv)

190. A major health concern associated with the incomplete combustion of solid fuels (like wood or coal) for cooking in poorly ventilated homes is:
(A) Indoor air pollution
(B) Water pollution
(C) Soil contamination
(D) Noise pollution

191. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : People in lower socioeconomic positions have higher morbidity and mortality rates.
Reason (R) : This social gradient is due to factors including poorer living conditions, higher risk exposure, and chronic stress.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

192. Which of the following is NOT a component of the 'built environment'?
(A) Natural, untouched forests
(B) Housing
(C) Transportation networks
(D) Parks and public spaces

193. The purpose of using color-coded bags for hospital waste management is to:
(A) Make the waste look aesthetically pleasing.
(B) Facilitate easy identification and segregation for appropriate treatment and disposal.
(C) Comply with international fashion trends.
(D) Increase the weight of the waste for better billing.

194. A diet-related practice that is based on belief and custom rather than scientific fact, such as avoiding milk after eating fish, is an example of:
(A) A socio-cultural aspect of nutrition

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140. Match the items in List I (Waste Type) with those in List II (Example).
List I (Waste Type)
P. Infectious Waste
Q. Pathological Waste
R. Sharps Waste
S. Pharmaceutical Waste
List II (Example)
1. Human tissues, organs, body parts
2. Needles, syringes, scalpels
3. Expired or contaminated drugs
4. Waste from cultures, stocks, and swabs from labs
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-1, R-2, S-3
(C) P-2, Q-4, R-1, S-3
(D) P-4, Q-3, R-2, S-1

141. The relationship between poverty and poor health is considered to be:
(A) Bi-directional relationship where poverty and poor health reinforce each other
(B) Non-existent relationship between economic status and biological health
(C) One-directional relationship with poverty acting as the sole cause of illness
(D) Relationship that exists exclusively within low-income developing nations

142. A child's height-for-age is found to be below -2 standard deviations of the WHO median. This condition is termed:
(A) Wasting
(B) Stunting
(C) Underweight
(D) Overweight

143. Consider the following statements about the socio-cultural aspects of nutrition:
(i) Food is often central to religious ceremonies and social gatherings.
(ii) Cultural beliefs can determine which foods are considered "hot" or "cold" and appropriate during illness.
(iii) The transition from traditional diets to Westernized diets can have significant health consequences.
(iv) Weaning practices for infants are uniform across all cultures and societies.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

144. Which process is NOT part of the conventional treatment of municipal wastewater?
(A) Primary treatment (sedimentation)
(B) Secondary treatment (biological oxidation)
(C) Tertiary treatment (nutrient removal)
(D) Fortification with vitamins

145. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : The 'built environment' can either promote or hinder public health.
Reason (R) : Well-planned communities with sidewalks and parks encourage physical activity, while poorly designed environments can lead to sedentary lifestyles.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

146. A 24-hour dietary recall is a tool used in which type of nutritional assessment?
(A) Anthropometric
(B) Biochemical
(C) Clinical
(D) Dietary

147. All of the following are legislations related to food and nutrition in India EXCEPT:
(A) The National Food Security Act, 2013
(B) The Food Safety and Standards Act, 2006
(C) The Infant Milk Substitutes, Feeding Bottles and Infant Foods Act, 1992
(D) The Motor Vehicles Act, 1988

148. Which of these provides the best example of how social class can be a determinant of health?
(A) An individual with a high-paying job has better access to healthcare and lives in a less polluted area compared to a manual laborer.
(B) All individuals in a country have an equal chance of developing cancer.
(C) A person's genetic code determines their social class.
(D) Social class is only relevant for health outcomes in historical contexts.

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204. Match the items in List I (Social Determinant) with those in List II (Pathway to Health Impact).
List I (Social Determinant)
P. Education
Q. Employment/Working conditions
R. Physical environment
S. Social support networks
List II (Pathway to Health Impact)
1. Exposure to air pollution; quality of housing
2. Access to information; health literacy; job opportunities
3. Stress reduction; practical help during illness
4. Income; workplace safety; job-related stress
(A) P-1, Q-3, R-2, S-4
(B) P-2, Q-4, R-1, S-3
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-1, R-3, S-4

205. How can social exclusion act as a determinant of poor health?
(A) By denying individuals the resources and services needed for health and well-being.
(B) By ensuring everyone has equal access to resources.
(C) By increasing an individual's sense of belonging and community.
(D) By promoting genetic diversity within a population.

206. A key pathway through which unemployment affects health is by:
(A) Creating financial hardship, stress, and loss of social status.
(B) Increasing disposable income.
(C) Providing more leisure time for exercise.
(D) Improving access to workplace health programs.

207. Consider the following statements about the social determinants of health:
(i) They are concerned with the quantity and quality of healthcare services.
(ii) They are the conditions in which people are born, grow, work, live, and age.
(iii) They include the wider set of forces shaping the conditions of daily life.
(iv) These forces include economic policies, social norms, and political systems.
(A) (i) and (ii) only
(B) (iii) and (iv) only
(C) (ii), (iii) and (iv) only
(D) (i), (ii), (iii) and (iv)

208. The 'social gradient' in health demonstrates that:
(A) Health is poorest at the bottom of the social ladder and improves with each step up.
(B) There is no connection between social status and health.
(C) Only the very poorest have worse health than the very richest.
(D) Social status is determined by one's health.

209. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Addressing social determinants of health is crucial for reducing health inequities.
Reason (R) : Health inequities result from the unequal distribution of power and resources, which constitute the social determinants of health.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

210. Which of the following is the BEST example of a policy that addresses a social determinant of health to improve public health outcomes?
(A) Implementing universal pre-school education to improve long-term cognitive and health outcomes.
(B) Developing a new, expensive medication for a rare disease.
(C) Building a new high-tech hospital wing.
(D) Funding a new surgical technique.

211. Identify the factor that is NOT considered a primary social determinant of health.
(A) A person's genetic sequence
(B) A person's level of education
(C) The community and social support networks available
(D) The economic stability of a person's household

212. Consider the following statements:
(i) The conditions of early childhood are a powerful predictor of adult health.

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(C) Clinical efficiency
(D) Health uniformity

158. Bitot's spots on the conjunctiva are a clinical sign of which nutritional deficiency?
(A) Vitamin A
(B) Iron
(C) Iodine
(D) Vitamin C

159. Consider the following statements about National Nutrition Programs:
(i) The Mid-Day Meal scheme provides a hot cooked meal to school children.
(ii) ICDS provides a package of services including supplementary nutrition and health check-ups.
(iii) The Anemia Mukt Bharat strategy includes testing for anemia and providing supplements.
(iv) These programs are designed to address the problem of malnutrition in vulnerable groups.
(A) (i) and (iv) only
(B) (ii) and (iii) only
(C) (i), (ii) and (iii) only
(D) (i), (ii), (iii) and (iv)

160. Which is the most appropriate action for disposing of a used syringe with a needle in a hospital setting?
(A) Drop it in the general waste bin.
(B) Place it directly into a puncture-proof sharps container.
(C) Bend or break the needle before disposal.
(D) Hand it over to the patient's relatives.

161. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : Food fortification is an effective strategy to combat micronutrient malnutrition on a large scale.
Reason (R) : It involves adding vitamins to staple foods to reach populations without requiring significant changes in dietary habits.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

162. The term 'overcrowding' in housing is defined based on:
(A) The floor area per person or the number of persons per room.
(B) The number of windows per room.
(C) The total cost of the house.
(D) The number of electronic gadgets in the house.

163. The primary difference between Kwashiorkor and Marasmus is that Kwashiorkor:
(A) Is mainly a protein deficiency and presents with edema.
(B) Is mainly an energy deficiency.
(C) Presents with severe wasting and no edema.
(D) Affects only adults.

164. All of the following are considered social determinants of health EXCEPT:
(A) A person's age
(B) Access to education
(C) Social support systems
(D) Housing conditions

165. Read the following statements and select the correct option.
Statement I : 'Food security' and 'nutrition security' are identical concepts.
Statement II : Nutrition security is a broader concept that includes food security as well as access to healthcare and adequate care practices.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

166. Which of the following is a key strategy under the Food Safety and Standards Act, 2006?
(A) Harmonizing various food laws into a single comprehensive legislation.
(B) Setting maximum retail prices for all food items.
(C) Providing direct cash transfers to farmers.
(D) Managing buffer stocks of food grains.

167. Consider the following statements:
(i) Poor housing can lead to psychological

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Reason (R) : Social relationships provide emotional and practical support, which buffers individuals from the health effects of stress.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

222. Which of the following is an example of a 'structural' or 'upstream' intervention to address social determinants of health?
(A) Prescribing medication for high blood pressure.
(B) Advising a patient to eat a healthier diet.
(C) Implementing a policy to increase the minimum wage to reduce poverty.
(D) Performing surgery to treat a health condition.

223. The observation that executives tend to live longer than junior staff, who in turn live longer than manual laborers, is an example of the:
(A) Social gradient of health
(B) Genetic lottery
(C) Failure of clinical medicine
(D) Random variation in lifespan

224. Which of the following is NOT a pathway through which income affects health?
(A) Ability to purchase nutritious food.
(B) Ability to afford safe housing in a clean environment.
(C) Access to quality education and healthcare.
(D) Altering an individual's genetic code.

225. Read the following statements and select the correct option.
Statement I : The social determinants of health are primarily about individual behavioral choices.
Statement II : The framework emphasizes that the context of people's lives determines their health, and individual behavior is shaped by that context.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

226. Gender is a social determinant of health because:
(A) Socially constructed gender roles and power imbalances affect exposure to health risks and access to resources.
(B) Men and women have different biological makeups.
(C) All diseases affect men and women in the same way.
(D) Gender is only relevant in discussions about reproductive health.

227. Consider the following statements:
(i) Health is influenced by a wide range of factors outside the healthcare system.
(ii) Social and economic policies can be considered health policies.
(iii) The conditions in which people live and work have a powerful influence on their health.
(iv) Tackling health inequalities requires action on the social determinants of health.
(v) The biomedical model is sufficient to explain all health outcomes.
(A) (i), (ii), (iii), and (iv)
(B) (ii), (iii), and (v)
(C) (i), (iv), and (v)
(D) All are correct

228. A city government invests in high-quality public transport. How might this act as an intervention on a social determinant of health?
(A) It can improve access to jobs, healthcare facilities, and healthy food retailers, especially for low-income groups.
(B) It has no effect on health, it is purely a transportation issue.
(C) It directly cures diseases like diabetes and heart disease.
(D) It increases air pollution, thereby worsening health.

229. The consistent finding that people with higher levels of education live longer, healthier lives is strong evidence for the role of which social determinant?
(A) Social support
(B) Education

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281. Which method for assessing nutritional status involves measuring height, weight, and mid-upper arm circumference?
(A) Anthropometric assessment.
(B) Biochemical assessment.
(C) Clinical assessment.
(D) Dietary assessment.

282. According to the text, what is a primary advantage of biochemical assessment methods?
(A) They are the simplest and least expensive to conduct.
(B) They can identify nutrient deficiencies before clinical signs appear.
(C) They can be performed without trained medical personnel.
(D) They provide a direct measure of an individual's daily food intake.

283. A public health worker examining a child for visible signs like edema and skin lesions is conducting which type of assessment?
(A) An anthropometric assessment.
(B) A clinical assessment.
(C) A dietary assessment.
(D) A biochemical assessment.

284. The paragraph suggests that a "comprehensive assessment" of nutritional status is best achieved by:
(A) Integrating information from multiple assessment methods.
(B) Relying solely on the most precise biochemical tests.
(C) Focusing exclusively on dietary intake surveys.
(D) Prioritizing anthropometric measurements above all others.

285. The use of a 24-hour recall to understand a person's food consumption falls under the category of:
(A) Clinical methods.
(B) Anthropometric methods.
(C) Dietary assessment methods.
(D) Biochemical methods.

Direction : Please read the following source carefully.

Food and nutrition security are foundational pillars for a healthy and product society, extending beyond the mere availability of food. Food security is typically defined by three core dimensions: availability (sufficient quantity of food available on a consistent basis), access (people have sufficient resources to obtain appropriate foods for a nutritious diet), and utilization (proper biological use of food, requiring a diet providing sufficient energy and essential nutrients, potable water, and adequate sanitation). Nutrition security builds upon this by incorporating a focus on the provision of care and a healthy environment to ensure that a person can achieve nutritional well-being. To safeguard these securities, nations often enact specific legislations. These legal frameworks aim to create a right to food and establish mechanisms for its fulfillment. For instance, such legislation might create large-scale food distribution systems, such as a public distribution system, or provide for supplementary nutrition for vulnerable groups. The goal of these legislations is to create a safety net, ensuring that all citizens, particularly the most marginalized, have reliable access to safe and nutritious food, thereby moving from a welfare-based approach to a rights-based framework for tackling hunger and malnutrition.

Based on the above source, attempt the following five questions.

286. According to the text, the dimension of "access" within food security refers to:
(A) The total quantity of food produced within a country.
(B) The proper biological use of food by the body.
(C) The consistent availability of food in the marketplace.
(D) The ability of people to obtain appropriate and nutritious food.

287. How does nutrition security differ from food security as described in the paragraph?
(A) Nutrition security focuses only on the availability of food grains.
(B) Nutrition security is a narrower concept, concerned only with child health.
(C) Nutrition security additionally incorporates the elements of care and a healthy environment.
(D) Nutrition security is exclusively concerned with the economic access to food.

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key social determinants that promote health.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

239. Which of the following scenarios best illustrates a social determinant of health in action?
(A) A child living in a food desert develops nutritional deficiencies due to lack of access to fresh produce.
(B) A doctor diagnoses a patient with influenza.
(C) A scientist discovers a new virus.
(D) A hospital purchases a new MRI machine.

240. The conditions of the environment in which people live and work, such as the quality of housing and neighborhood safety, fall under which category of social determinants?
(A) Neighborhood and built environment
(B) Social and community context
(C) Economic stability
(D) Education

241. Consider the following statements:
(i) 'Health for All' can be achieved without addressing social determinants.
(ii) Policies in sectors like education and housing can have a greater impact on health than health sector policies.
(iii) The 'social gradient' implies that a 'one-size-fits-all' intervention will be equally effective.
(iv) Race and ethnicity can function as social determinants due to association with discrimination.
(v) Individual responsibility is the only factor that matters for health.
(A) (i) and (iii)
(B) (ii) and (iv)
(C) (i), (iii), and (v)
(D) (ii), (iv), and (v)

242. Improving health equity requires:
(A) Valuing all individuals and populations equally and addressing avoidable inequalities.
(B) Focusing solely on treating diseases.
(C) Ignoring the social and economic factors that affect health.
(D) Providing identical treatment to every person regardless of their needs.

243. The feeling of control over one's life and work, or the lack thereof, is a psychosocial factor linked to which social determinant?
(A) Employment and working conditions
(B) Early life development
(C) Social support
(D) Education

244. A public health strategy that focuses on improving literacy rates in a community to enhance health outcomes is addressing which social determinant?
(A) Education
(B) Income
(C) Social exclusion
(D) Housing

245. Which of the following is NOT a social determinant of health?
(A) Socio-economic status
(B) Social capital and networks
(C) A person's inherited eye color
(D) Access to healthy food

246. Read the following statements and select the correct option.
Statement I : Action to address social determinants of health should be taken by the health sector alone.
Statement II : Effective action requires intersectoral collaboration involving government departments like education and transport.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct but Statement II is incorrect.
(D) Statement I is incorrect but Statement II is correct.

247. The higher prevalence of diabetes in low-income groups compared to high-income groups in the same country is an example of a:

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(A) Health inequity
(B) Genetic certainty
(C) Random health event
(D) Clinical mistake

248. The concept of the 'social gradient' suggests that interventions should:
(A) Be universal, but with a scale and intensity that is proportionate to the level of disadvantage.
(B) Target only the most disadvantaged groups.
(C) Target only the most advantaged groups.
(D) Be identical for all groups regardless of their starting point.

249. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : The physical environment in which a person lives is a social determinant of health.
Reason (R) : This is because neighborhood safety and housing quality are shaped by social factors and impact well-being.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

250. Which of the following is the most comprehensive description of the 'social determinants of health'?
(A) Non-medical conditions of life influencing health, functioning, and quality-of-life outcomes
(B) Medical and clinical factors affecting a person's health directly
(C) Individual, voluntary lifestyle choices people make daily
(D) Genetic and biological factors making people susceptible to disease

Direction : Please read the following source carefully.

The intricate relationship between water, sanitation, and public health is a cornerstone of environmental health studies. Access to safe and clean water is fundamental for preventing a wide array of waterborne diseases, such as cholera, typhoid, and dysentery, which are often transmitted through contaminated water sources. However, the provision of safe water alone is insufficient without corresponding advancements in sanitation. Sanitation, encompassing the safe disposal of human excreta and wastewater, plays a critical role in breaking the fecal-oral route of disease transmission. Inadequate sanitation facilities lead to the contamination of ground and surface water, creating a vicious cycle of infection and reinfection within communities. Therefore, a holistic approach that integrates water supply management with robust sanitation infrastructure is essential for significant and sustainable health improvements. This approach not only reduces the morbidity and mortality associated with diarrheal diseases but also enhances overall community well-being, dignity, and economic productivity by reducing healthcare costs and time lost to illness. The effective implementation of such integrated systems is a primary indicator of a society's public health development and commitment to preventing environmental health hazards.

Based on the above source, attempt the following five questions.

251. What is the primary mechanism through which inadequate sanitation negatively impacts public health?
(A) By increasing the cost of water purification technologies.
(B) By contaminating water sources and facilitating disease transmission.
(C) By reducing the aesthetic value of the community environment.
(D) By limiting the availability of water for agricultural purposes.

252. According to the paragraph, which of the following represents a holistic approach to improving public health?
(A) Combining the management of safe water supply with effective sanitation infrastructure.
(B) Focusing exclusively on the distribution of safe drinking water.
(C) Prioritizing the construction of advanced wastewater treatment plants.
(D) Implementing awareness campaigns about personal hygiene without infrastructural support.

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253. One can infer from the text that the effectiveness of safe water provision is most significantly enhanced by:
(A) The regular testing of water quality at the source.
(B) The promotion of bottled water consumption in vulnerable areas.
(C) The interruption of the fecal-oral route of disease transmission.
(D) The implementation of government subsidies for water access.

254. The paragraph suggests that a major consequence of poor water and sanitation, beyond direct health impacts, is:
(A) A decline in international tourism.
(B) A decrease in agricultural output.
(C) An increase in social and political conflict.
(D) A negative effect on economic productivity.

255. Which concept is central to understanding the recurring nature of waterborne diseases in communities with poor sanitation?
(A) The concept of herd immunity.
(B) The principle of antibiotic resistance.
(C) The cycle of contamination and reinfection.
(D) The process of ecological succession.

Direction : Please read the following source carefully.

Environmental pollution, in its various manifestations, poses a significant and direct threat to human health. Air pollution, resulting from industrial emissions, vehicular exhaust, and domestic fuel combustion, is a leading cause of respiratory ailments, ranging from chronic bronchitis and asthma to more severe conditions like lung cancer. Particulate matter and noxious gases can penetrate deep into the respiratory system, causing inflammation and long-term damage. Similarly, water pollution, driven by the discharge of untreated industrial effluents and agricultural runoff, introduces a host of chemical and biological contaminants into the water supply. Ingestion of or contact with this contaminated water can lead to gastrointestinal diseases, neurological disorders, and developmental problems, particularly in children. Soil contamination from heavy metals and pesticides can enter the food chain, leading to bioaccumulation and chronic toxicity in humans. The cumulative health impacts of these different forms of pollution are profound, disproportionately affecting vulnerable populations such as the elderly, children, and those with pre-existing health conditions. Addressing environmental pollution is, therefore, not merely an ecological concern but a critical public health imperative that requires stringent regulatory frameworks and technological interventions to mitigate its pervasive health impacts.

Based on the above source, attempt the following five questions.

256. According to the paragraph, what is a primary health consequence associated with air pollution?
(A) An increase in waterborne infectious diseases.
(B) The development of various respiratory ailments.
(C) The bioaccumulation of toxins in the food chain.
(D) A higher incidence of neurological disorders.

257. The text implies that children are particularly susceptible to the effects of which type of pollution?
(A) Noise pollution from urban environments.
(B) Light pollution affecting sleep patterns.
(C) Air pollution from domestic fuel combustion exclusively.
(D) Water pollution leading to developmental problems.

258. The concept of "bioaccumulation" is mentioned in the context of health impacts arising from:
(A) The contamination of soil entering the food chain.
(B) The inhalation of particulate matter.
(C) The ingestion of water with biological contaminants.
(D) The exposure to industrial emissions in the workplace.

259. Which of the following statements can be best inferred from the paragraph?
(A) Environmental pollution's health impacts are uniformly distributed across the population.
(B) Technological interventions alone are

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from uncontrolled burning. A specialized and highly critical subset of this field is hospital waste management. Unlike general municipal waste, hospital waste contains potentially infectious materials, sharp objects, chemicals, and pharmaceuticals, posing a significantly higher risk to healthcare workers, patients, and the general public. Consequently, hospital waste requires a stringent and systematic approach involving segregation at the source, specialized collection, treatment, and disposal. Methods such as incineration, autoclaving, and chemical disinfection are employed to neutralize hazardous and infectious components before final disposal. The failure to manage hospital waste properly can lead to nosocomial (hospital-acquired) infections and community outbreaks of serious diseases like HIV and Hepatitis B and C through injuries from contaminated sharps. Therefore, robust policies and rigorous adherence to protocols for hospital waste management are indispensable for preventing environmental contamination and protecting public health.

Based on the above source, attempt the following five questions.

271. What distinguishes hospital waste from general municipal waste according to the paragraph?
(A) Its significantly larger volume and weight.
(B) Its exclusive composition of biodegradable materials.
(C) Its higher potential for containing infectious materials and sharps.
(D) Its suitability for recycling without any pre-treatment.

272. The paragraph identifies which of the following as a potential consequence of mismanaging hospital waste?
(A) A reduction in the operational costs of healthcare facilities.
(B) The spread of diseases like HIV and Hepatitis B through contaminated sharps.
(C) An increase in the availability of recycled medical equipment.
(D) A decrease in air pollution surrounding healthcare facilities.

273. The text suggests that the first and most crucial step in a systematic approach to hospital waste management is:
(A) Final disposal in a secured landfill.
(B) Transportation of the waste to a treatment facility.
(C) Chemical disinfection of all collected waste in a central location.
(D) Segregation of waste at the point of generation.

274. Based on the source, methods like autoclaving and incineration are used in hospital waste management primarily to:
(A) Neutralize hazardous and infectious components.
(B) Reduce the total volume of waste for easier transport.
(C) Recover valuable materials for recycling.
(D) Generate energy for the healthcare facility.

275. The term "nosocomial infections" as used in the text refers to infections that are:
(A) Transmitted exclusively through the air.
(B) Prevalent only in specific geographic regions.
(C) Acquired within a hospital or healthcare setting.
(D) Resistant to all known forms of antibiotics.

Direction : Please read the following source carefully.

The ecology of malnutrition is a complex paradigm that extends beyond the simplistic notion of insufficient food intake. It posits that malnutrition arises from a dynamic interplay of multiple factors at individual, household, community, and societal levels. This ecological framework considers biological determinants, such as age and physiological status, alongside a web of interconnected social, economic, and environmental factors. For instance, poverty limits a household's ability to purchase nutritious food, while a lack of education may result in poor dietary choices and feeding practices. Cultural beliefs and food taboos can further restrict the consumption of certain nutrient-rich foods, particularly for vulnerable groups like pregnant women and children. Environmental conditions, including poor sanitation and lack of access to clean water, can lead to frequent infections and diarrheal diseases, which impair nutrient absorption and exacerbate malnutrition. This model emphasizes that malnutrition is not

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overcrowding.
(D) The allergic reactions caused by indoor dampness.

Direction : Please read the following source carefully.

Climate change presents a multifaceted and escalating threat to global public health. Its impacts are not limited to environmental alterations but translate directly into a spectrum of health risks. Rising global temperatures contribute to an increase in the frequency and intensity of heatwaves, leading to a surge in heat-related illnesses and mortality, such as heat stroke and cardiovascular stress. Furthermore, changes in temperature and precipitation patterns alter the geographic range and seasonality of vector-borne diseases. Mosquitoes and ticks, carriers of diseases like malaria, dengue, and Lyme disease, can expand into new regions, exposing previously unaffected populations. Climate change also jeopardizes food and water security; extreme weather events like droughts and floods can destroy crops and contaminate water supplies, leading to malnutrition and an increase in waterborne illnesses. The cumulative impact of these phenomena places immense strain on health systems and disproportionately affects vulnerable communities with limited capacity to adapt. Consequently, mitigating climate change and building climate-resilient health systems are now recognized as urgent priorities for safeguarding human health in the 21st century.

Based on the above source, attempt the following five questions.

266. What is a direct health impact of rising global temperatures as described in the paragraph?
(A) A decrease in the prevalence of vector-borne diseases.
(B) A surge in heat-related illnesses and mortality.
(C) An increase in malnutrition due to crop diversification.
(D) An improvement in cardiovascular health in colder climates.

267. The paragraph suggests that climate change affects the spread of diseases like dengue and malaria primarily by:
(A) Increasing human resistance to existing treatments.
(B) Altering the geographic range of disease-carrying vectors.
(C) Causing mutations in the pathogens that cause the diseases.
(D) Reducing the effectiveness of public sanitation systems.

268. One can infer from the text that the impact of climate change on health is:
(A) Disproportionately severe for vulnerable communities.
(B) Uniformly distributed across all global populations.
(C) Primarily a concern for future generations, not the present.
(D) Limited to environmental effects with no direct health risks.

269. How does climate change impact food and water security according to the source?
(A) By increasing the nutritional value of staple crops.
(B) By creating more stable and predictable growing seasons.
(C) By causing extreme weather that destroys crops and contaminates water.
(D) By expanding the geographic range for aquaculture and fishing.

270. A key public health strategy to address the challenges posed by climate change, as implied by the paragraph, would be:
(A) Focusing solely on reducing greenhouse gas emissions.
(B) Relocating populations from all high-risk coastal areas.
(C) Developing new vaccines for all potential emerging diseases.
(D) Building health systems that are resilient to climate-related shocks.

Direction : Please read the following source carefully.

Effective waste management is a critical determinant of environmental health, encompassing strategies to handle refuse from its generation to its final disposal. Improper management of municipal solid waste can lead to the proliferation of disease vectors, contamination of soil and water resources, and air pollution

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(C) Early life
(D) Genetics

230. The "access" component of food and nutrition security is most closely related to which social determinant of health?
(A) Income and economic stability
(B) Genetic makeup
(C) Early childhood development
(D) Biological sex

231. Match the items in List I (Social Determinant Concept) with those in List II (Brief Description).
List I (Social Determinant Concept)
P. Health Equity
Q. Social Gradient
R. Life-Course Perspective
S. Health Inequity
List II (Brief Description)
1. The stepwise relationship between socioeconomic status and health.
2. Unfair, avoidable differences in health between population groups.
3. The attainment of the highest level of health for all people.
4. The idea that health is shaped by cumulative experiences over a lifetime.
(A) P-1, Q-2, R-4, S-3
(B) P-3, Q-1, R-4, S-2
(C) P-2, Q-4, R-1, S-3
(D) P-3, Q-2, R-4, S-1

232. Which of the following is a psychosocial factor considered a social determinant of health?
(A) The presence of a virus in the community.
(B) Stress arising from job insecurity or social exclusion.
(C) The chemical composition of the air.
(D) An individual's blood pressure reading.

233. A public health approach that focuses on changing economic policies to reduce poverty and improve population health is known as an:
(A) Upstream approach
(B) Downstream approach
(C) Iatrogenic approach
(D) Clinical approach

234. Consider the following statements about social determinants and health inequities:
(i) Health inequities are the same as health inequalities.
(ii) Health inequities are considered unjust because they are avoidable.
(iii) They often result from historical systems of discrimination.
(iv) Interventions targeting social determinants are essential for reducing health inequities.
(A) (i) and (ii) only
(B) (ii), (iii) and (iv) only
(C) (i), (iii) and (iv) only
(D) (i), (ii), (iii) and (iv)

235. The link between poor housing conditions and higher rates of respiratory infections is a clear example of the impact of which determinant on health?
(A) The physical environment as a social determinant
(B) The genetic determinant
(C) The cultural determinant
(D) The healthcare system determinant

236. Select the correct answer by evaluating the given Assertion (A) and Reason (R).
Assertion (A) : The distribution of health and disease in a population is not random.
Reason (R) : It follows a social gradient that is shaped by the unequal distribution of income, wealth, power, and resources.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

237. The 'socio-cultural aspects of nutrition' can be considered a subset of which broader category of health determinants?
(A) Social determinants of health
(B) Biological determinants
(C) Genetic determinants
(D) Pathological determinants

238. Read the following statements and select the correct option.
Statement I : The social determinants of health are primarily about individual behavioral choices.
Statement II : Positive factors like strong social networks and high levels of education are also

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merely a medical condition but a social and environmental problem. Therefore, effective interventions must be multi-sectoral, addressing not just food availability but also health services, sanitation, education, and socioeconomic inequalities that collectively create and perpetuate the state of malnutrition within a population.

Based on the above source, attempt the following five questions.

276. The "ecology of malnutrition" framework suggests that malnutrition is primarily a result of:
(A) A complex interplay of various social, economic, and environmental factors.
(B) An individual's genetic predisposition to poor nutrient absorption.
(C) The singular issue of insufficient caloric intake.
(D) The global overproduction of non-nutritious processed foods.

277. According to the paragraph, how do environmental conditions like poor sanitation contribute to malnutrition?
(A) By reducing the agricultural yield of staple crops.
(B) By limiting the time available for food preparation.
(C) By increasing the market price of nutrient-rich foods.
(D) By causing frequent infections that impair nutrient absorption.

278. Which of the following is an example of a socio-cultural factor contributing to malnutrition as described in the text?
(A) A household's limited purchasing power due to poverty.
(B) Food taboos that restrict the diet of pregnant women.
(C) The physiological demands of pregnancy and lactation.
(D) The lack of fortified foods in the local market.

279. One can infer from the text that an effective strategy to combat malnutrition would need to be:
(A) Focused exclusively on providing supplementary food.
(B) Implemented solely through the healthcare system.
(C) Multi-sectoral and address a range of underlying causes.
(D) Designed to target only the biological determinants.

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280. The paragraph posits that malnutrition should be understood not just as a medical condition, but also as a:
(A) Personal and individual failing.
(B) Temporary and easily reversible state.
(C) Consequence of natural selection.
(D) Social and environmental problem.

Direction : Please read the following source carefully.

The assessment of nutritional status is a critical function in public health, providing the data necessary to identify malnutrition, design interventions, and monitor their effectiveness. This assessment can be conducted at both individual and population levels using a combination of methods. Anthropometric measurements, which include height, weight, body mass index (BMI), and mid-upper arm circumference (MUAC), are widely used due to their simplicity and non-invasive nature to detect conditions like stunting, wasting, and obesity. Biochemical or laboratory methods involve analyzing samples of blood or urine to measure specific nutrient levels or their metabolic byproducts, offering a more precise and objective evaluation of nutrient deficiencies or excesses before clinical signs are apparent. Clinical assessment involves a physical examination by a trained professional to identify visible signs associated with malnutrition, such as edema, skin lesions, or hair changes. Finally, dietary assessment surveys, such as 24-hour recalls or food frequency questionnaires, are used to evaluate the quantity and quality of food consumed. A comprehensive assessment of nutritional status typically integrates information from multiple methods—anthropometric, biochemical, clinical, and dietary (ABCD)—to provide a holistic and accurate picture of an individual's or community's nutritional health.

Based on the above source, attempt the following five questions.

sufficient to solve the problem of pollution.
(C) The health effects of pollution are a critical public health issue, not just an ecological one.
(D) Agricultural runoff is the sole contributor to water pollution.

260. A public health policy aimed at reducing the incidence of chronic bronchitis and asthma would be most effective if it targeted:
(A) The control of industrial and vehicular air emissions.
(B) The regulation of industrial water discharge.
(C) The improvement of food safety standards.
(D) The management of solid waste in urban areas.

Direction : Please read the following source carefully.

The built environment, which encompasses all man-made structures from individual houses to urban landscapes, fundamentally shapes health outcomes. Housing, as a core component of the built environment, directly influences health through its physical conditions. Inadequate housing, characterized by overcrowding, poor ventilation, dampness, and structural instability, is strongly associated with a higher incidence of respiratory infections, allergic reactions, and mental stress. Beyond the individual dwelling, the design of neighborhoods and cities plays a crucial role. The lack of safe public spaces, recreational areas, and pedestrian-friendly infrastructure can discourage physical activity, contributing to the rising prevalence of non-communicable diseases such as obesity and diabetes. Conversely, a well-designed built environment that provides access to green spaces, promotes active transport like walking and cycling, and ensures community safety can significantly enhance both physical and mental well-being. The concept of the built environment thus extends the focus of public health from individual behaviors to the structural and spatial contexts that either enable or constrain healthy living. It highlights how urban planning and housing policies are, in effect, public health policies with long-term consequences for the population.

Based on the above source, attempt the following five questions.

261. According to the paragraph, poor housing conditions like overcrowding and dampness are primarily linked to:
(A) An increase in non-communicable diseases.
(B) A decline in social cohesion within the community.
(C) A greater risk of foodborne illnesses.
(D) A higher incidence of respiratory infections.

262. The text suggests that urban planning can function as a public health tool by:
(A) Increasing the density of residential housing.
(B) Designing environments that encourage physical activity.
(C) Prioritizing motorized transport to reduce commute times.
(D) Focusing solely on the structural integrity of buildings.

263. One can infer that a primary benefit of incorporating green spaces into urban design is the:
(A) Reduction of environmental air pollution.
(B) Increase in property values in the surrounding area.
(C) Enhancement of physical and mental well-being.
(D) Improvement of municipal water drainage systems.

264. The paragraph frames the relationship between the built environment and health by emphasizing that:
(A) Individual lifestyle choices are more important than environmental context.
(B) Health outcomes are largely determined by genetic predispositions.
(C) The primary role of housing is to provide shelter from the elements.
(D) Structural and spatial contexts can enable or constrain healthy living.

265. A city policy that invests in creating dedicated cycling lanes and pedestrian-friendly sidewalks directly addresses which health issue mentioned in the text?
(A) The prevalence of non-communicable diseases like obesity.
(B) The spread of infectious respiratory diseases.
(C) The mental stress associated with

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288. The paragraph states that proper "utilization" of food requires, in addition to a nutritious diet:
(A) A high level of formal education.
(B) Access to potable water and adequate sanitation.
(C) Employment in the agricultural sector.
(D) Membership in a food cooperative.

289. The primary purpose of legislations related to food security, as mentioned in the source, is to:
(A) Regulate the prices of luxury food items.
(B) Promote the export of agricultural products.
(C) Encourage the growth of the private food processing industry.
(D) Establish a rights-based framework to ensure access to food.

290. A government program providing food through a Public Distribution System directly addresses which dimension of food security?
(A) Access.
(B) Utilization.
(C) Production.
(D) Quality.

Direction : Please read the following source carefully.

National nutrition programs form the backbone of a country's public health strategy to combat malnutrition and improve the nutritional status of its population. These large-scale interventions are often targeted at the most vulnerable segments, including pregnant and lactating women, infants, and young children. The success of these programs, however, is not solely dependent on their logistical efficiency but is also deeply influenced by the socio-cultural aspects of nutrition. Cultural beliefs, dietary habits, and food taboos can significantly impact the acceptance and effectiveness of nutritional interventions. For example, a program providing a nutrient-dense supplementary food may fail if the food is culturally unacceptable or if local beliefs prohibit its consumption by the target group. Similarly, feeding and child-rearing practices are often rooted in cultural traditions that may or may not align with optimal nutrition science. Therefore, effective national nutrition programs must be culturally sensitive. They need to integrate an understanding of local customs and social norms into their design and implementation, often using community engagement and behavior change communication to bridge the gap between scientific recommendations and traditional practices, thereby enhancing the overall impact on nutritional outcomes.

Based on the above source, attempt the following five questions.

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291. The paragraph suggests that national nutrition programs primarily target:
(A) The entire population uniformly.
(B) Urban and affluent populations.
(C) Vulnerable groups like pregnant women and young children.
(D) Individuals suffering from chronic, non-communicable diseases.

292. What role do socio-cultural aspects play in the context of national nutrition programs?
(A) They can significantly influence the acceptance and effectiveness of interventions.
(B) They are irrelevant to the logistical implementation of the programs.
(C) They are the sole determinant of a program's success or failure.
(D) They primarily affect the financial cost of nutritional supplements.

293. According to the text, a nutrition program might fail despite providing a nutrient-dense supplement if:
(A) The supplement is not provided free of cost.
(B) The program is not managed by international agencies.
(C) The supplement's packaging is not visually appealing.
(D) The food is culturally unacceptable to the target community.

294. One can infer that to improve the effectiveness of nutrition interventions, program designers should:
(A) Ignore local customs to enforce scientific standards strictly.
(B) Integrate an understanding of local cultural practices.
(C) Replace all traditional foods with modern supplements.
(D) Focus only on the biochemical aspects of nutrition.

295. The text implies that behavior change communication is a useful tool in nutrition programs for:
(A) Securing government funding for the program.
(B) Punishing non-compliance with program guidelines.
(C) Bridging the gap between scientific advice and cultural practices.
(D) Conducting a baseline survey of nutritional status.

Direction : Please read the following source carefully.

Food safety is a critical public health concern that addresses all stages of the food supply chain, from production and processing to distribution and consumption, ensuring that food does not cause harm to the consumer. A lapse in food safety can lead to outbreaks of foodborne illnesses, caused by a wide range of microbial pathogens, chemical contaminants, or toxins. To prevent such outcomes, regulatory frameworks establishing food standards are essential. These standards are scientifically-based criteria that define the acceptable quality and composition of food products, setting limits for additives, contaminants, pesticides, and microbial contamination. Legislations related to food safety and standards provide the legal authority for government agencies to enforce these standards. These laws mandate practices like hygiene protocols in food handling, traceability of products, and accurate labeling. The objective of such legislations is to protect consumer health by ensuring the integrity of the food supply, building consumer confidence, and facilitating fair trade practices. By creating and enforcing a robust system of food standards and safety regulations, public health authorities work to minimize the risks of foodborne diseases and ensure that the food available to the public is both safe and of the expected quality.

Based on the above source, attempt the following five questions.

296. What is the primary objective of food safety as described in the paragraph?
(A) To ensure that all food products are organic and locally sourced.
(B) To maximize the shelf life of all processed foods.
(C) To ensure that food is affordable for all segments of the population.
(D) To ensure that food does not cause harm to the consumer.

297. According to the text, food standards are best described as:
(A) Scientifically-based criteria for food quality and composition.
(B) Recommendations based on consumer taste preferences.
(C) Guidelines for the culinary preparation of food.
(D) A system for grading the nutritional value of foods.

298. Legislations related to food safety provide legal authority for government agencies to:
(A) Control the market price of all food items.
(B) Enforce established standards for food quality and hygiene.
(C) Dictate the daily dietary choices of citizens.
(D) Promote specific brands of food products to the public.

299. A food product recall due to the presence of a harmful chemical contaminant is a direct application of principles related to:
(A) Food security.
(B) Food safety and standards.
(C) Food marketing.
(D) Nutritional assessment.

300. The paragraph implies that a robust system of food safety legislation benefits consumers not only by protecting their health but also by:
(A) Building confidence in the integrity of the food supply.
(B) Lowering the overall cost of groceries.
(C) Increasing the variety of imported foods available.
(D) Simplifying the process of home cooking.

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ANSWERS

1. (B) To destroy or remove pathogenic organisms
Water sanitation serves a critical public health function by ensuring that drinking water is safe for human consumption. The primary objective involves eliminating or neutralizing harmful bacteria, viruses, and parasites that cause waterborne diseases. While improving taste and mineral content can be secondary benefits, the fundamental focus remains on safeguarding health by disrupting the transmission of infectious agents through rigorously controlled treatment and purification processes.

2. (C) Statement I is correct but Statement II is incorrect.
Human-made surroundings, including buildings and urban spaces, constitute the built environment. This infrastructure significantly influences public health by dictating the level of physical activity possible within a community. Well-designed spaces encourage movement and social interaction, whereas poor planning can lead to sedentary habits and various chronic diseases. Therefore, the design of these environments is a vital factor in determining the overall health outcomes of the population.

3. (C) Open dumping in riverbeds
Proper waste management requires methods that protect the environment and prevent disease transmission. Techniques like high-temperature incineration, aerobic composting, and sanitary landfills are designed to isolate or transform waste safely. Conversely, discarding materials in riverbeds causes severe water pollution and disrupts aquatic ecosystems. This practice is unsanitary and dangerous as it allows hazardous contaminants to enter the water supply, directly threatening human health and safety.

4. (D) Climate change
Shifts in global weather patterns lead to unpredictable rainfall and temperature fluctuations, which significantly alter the habitats of disease-carrying vectors. Increased moisture and warmth create ideal breeding conditions for mosquitoes, facilitating the spread of illnesses like malaria and dengue. These environmental changes disrupt ecological balances and expand the geographical range of infectious diseases, making climate change a primary driver of emerging public health challenges worldwide.

5. (A) Both A and R are true and R is the correct explanation of A.
Hospital waste management is essential for controlling infections within medical facilities and the surrounding community. Clinical refuse frequently contains sharp objects and biological hazards that serve as reservoirs for dangerous pathogens. Without systematic segregation and specialized treatment, these materials can facilitate the transmission of serious diseases to healthcare workers and the public. Effective disposal protocols are therefore a mandatory requirement for maintaining high safety standards.

6. (B) Escherichia coli
Monitoring water quality involves identifying specific microorganisms that signal the presence of hazardous waste. The detection of certain bacteria found in the intestines of humans and animals provides clear evidence of fecal contamination. Because these organisms do not usually survive long outside the gut, their presence in water samples indicates a very recent pollution event. This makes them the most dependable indicator for assessing immediate risks.

7. (D) Sulfur dioxide (SO2) is primarily associated with skin diseases.
Air pollutants impact human health through various physiological pathways, primarily affecting the respiratory and cardiovascular systems. While particulate matter and carbon monoxide interfere with oxygen delivery and lung function, sulfur dioxide is specifically known for irritating the eyes and respiratory tract. It contributes significantly to asthma and chronic bronchitis rather than being a primary cause of skin conditions. Understanding these specific health impacts is vital.

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40. (A) Higher risk of communicable diseases from overcrowding and poor sanitation
The design and maintenance of urban environments profoundly influence the spread of infectious agents. In areas with inadequate housing, high population density and a lack of proper waste disposal facilities create ideal conditions for pathogens. Overcrowded living spaces facilitate the transmission of respiratory and fecal-oral diseases. Consequently, improving the built environment through better infrastructure and sanitation is a critical public health priority for reducing the burden of communicable illnesses.

41. (B) (i), (ii) and (iii) only
India's national nutrition strategies utilize multiple platforms to reach vulnerable populations. Initiatives like the Integrated Child Development Services provide a range of health and nutritional support for young children and mothers. School-based programs focus on providing meals to improve student health and attendance. Legislative measures also exist to ensure subsidized food grains reach those in need. Comprehensive strategies for anemia include dietary advice along with necessary iron and folic acid supplementation.

42. (A) (A) A person's blood type
Social determinants of health encompass the conditions in which people live and work that influence their well-being. Factors such as income, education level, and employment status are key examples of these external influences. In contrast, biological characteristics like blood type are inherited genetic traits and do not fall under social or economic determinants. Understanding the difference between biological and social factors is essential for developing comprehensive public health strategies.

43. (A) Both A and R are true and R is the correct explanation of A.
Changes in the global climate pose a significant threat to the stability of food systems worldwide. Extreme weather events, such as prolonged droughts or severe floods, can devastate crops and disrupt the distribution of essential supplies. This leads to increased food prices and reduced availability, which directly contributes to higher rates of malnutrition. Consequently, the impact of climate change on agriculture is a major driver of global nutritional insecurity.

44. (B) A puncture-proof, leak-proof container
The safe handling of medical sharps is critical for preventing accidental injuries and the transmission of blood-borne pathogens. Items such as used needles, blades, and scalpels must be discarded into specialized containers that are resistant to punctures and leaks. This protocol ensures that healthcare workers and waste handlers are protected from needle-stick injuries during the collection and disposal process. Proper storage is a fundamental step in hospital waste management.

45. (C) Clinical signs of nutritional deficiency are the first indicators to appear and are highly specific.
Identifying nutritional deficiencies involves analyzing various indicators, ranging from physical measurements to biochemical data. Height and weight metrics are reliable for identifying chronic and acute malnutrition respectively. While clinical signs provide visible evidence of deficiency, they often appear only after the condition has become advanced and can sometimes overlap with other health issues. Therefore, laboratory tests are usually required for early and precise diagnosis before physical symptoms become apparent.

46. (A) (iv), (iii), (i), (ii)
The clinical management of severe acute malnutrition follows a specific four-stage process to ensure patient safety and recovery. It begins with an initial assessment and triage to determine the severity of the case. The next step is a stabilization phase where infections and dehydration are treated. Once stable, the patient enters a rehabilitation phase to support catch-up growth. Finally, long-term follow-up after discharge is necessary to prevent any relapse.

47. (C) (i), (iii), and (v)
Human dietary patterns are shaped by a complex interplay of cultural traditions, religious laws, and social meanings. Beliefs within a community can significantly influence essential practices such as breastfeeding and the introduction of solid foods for infants. Furthermore, many religions have specific dietary requirements that adherents follow. Food also serves as a powerful

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16. (A) Both A and R are true and R is the correct explanation of A.
Community nutritional status is profoundly influenced by long-standing traditions and societal beliefs that dictate eating habits. These socio-cultural factors often define which foods are considered appropriate or forbidden for specific groups, such as pregnant women or children. When beneficial foods are excluded due to such beliefs, it can lead to significant nutritional deficiencies. Therefore, understanding these cultural contexts is essential for designing effective public health interventions.

17. (B) Xerophthalmia - Iron deficiency
Specific nutritional disorders are linked to the deficiency of particular vitamins or minerals in the diet. For instance, severe protein lack leads to kwashiorkor, while marasmus results from a total lack of calories and protein. However, xerophthalmia is specifically caused by a deficiency in Vitamin A, affecting vision and eye health. Iron deficiency is primarily responsible for anemia rather than eye diseases. Recognizing these specific causes is vital.

18. (B) (i), (iii), and (iv)
Evaluating nutritional health requires a combination of clinical, anthropometric, and biochemical methods to identify various deficiencies. Clinical examinations can detect visible signs of vitamin lack, such as specific eye spots. For adults, body mass index provides a useful measure of overall nutritional status. In children, measuring arm circumference is a rapid and effective way to screen for acute malnutrition. These integrated approaches ensure a more accurate assessment.

19. (C) Food commodification
Comprehensive food security relies on multiple essential pillars to ensure that every individual has consistent access to a healthy diet. This includes the steady availability of food supplies and the economic ability of households to acquire them. Furthermore, utilization involves the body's physiological capacity to absorb nutrients effectively. Treating food merely as a market commodity does not contribute to these goals and can sometimes hinder the equitable distribution of resources.

20. (D) Kwashiorkor
Certain forms of severe malnutrition present with distinctive physical symptoms that aid in diagnosis. A child exhibiting fluid retention, skin changes resembling flaky paint, and extreme apathy likely suffers from a critical lack of dietary protein. Unlike other wasting diseases where fat stores are completely depleted, this condition often leaves some subcutaneous fat visible despite the underlying illness. These clinical signs are characteristic of a specific protein-energy malnutrition.

21. (C) Overcrowding
Residential environments are evaluated for health standards based on the density of occupants within a living unit. This condition occurs when the number of individuals per room or per unit of habitable space exceeds recommended limits. High density increases the risk of spreading communicable diseases and creates psychological stress for residents. Monitoring these metrics is essential for maintaining minimum standards for healthful housing and ensuring public safety.

22. (C) Statement I is correct but Statement II is incorrect.
The waste management hierarchy identifies reduction, reuse, and recycling as the primary strategies for sustainable resource use. Reduction is considered the most preferred option because it prevents waste generation entirely, saving the most energy and resources. While recycling is a vital component of the system, it requires more processing and energy than simply reusing items or reducing consumption. Therefore, it sits lower in the preference list.

23. (D) Hearing loss and sleep disturbances
Excessive noise in the environment acts as a significant stressor that directly impacts human physiological and psychological health. Prolonged exposure to high decibel levels can cause permanent damage to the auditory system, leading to hearing impairment. Additionally, noise disruption during the night interferes with sleep patterns, which can result in chronic fatigue and hypertension. Unlike waterborne or nutritional issues, noise pollution primarily targets the sensory and nervous systems.

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24. (B) P-3, Q-4, R-1, S-2
National nutrition programs in India target specific vulnerabilities through focused interventions. The Integrated Child Development Services provide supplementary food and immunizations for young children. School-age children benefit from mid-day meals which aim to improve their nutritional intake and attendance. Meanwhile, the control of iodine deficiency relies on Promoting iodized salt consumption. Anemia is addressed through iron and folic acid supplementation. These programs collectively strengthen public health.

25. (C) Night blindness
Vitamin A is an essential micronutrient required for maintaining healthy vision and a robust immune system. A direct clinical consequence of inadequate intake is the loss of the ability to see in low-light conditions. This condition serves as an early warning sign of more severe ocular damage, such as permanent scarring of the cornea. Ensuring a diet rich in this vitamin is critical for preventing preventable blindness.

26. (A) Health status improves at each step up the socioeconomic ladder.
The relationship between social standing and physical well-being is often observed as a continuous trend throughout a population. This concept suggests that individuals with higher income, better education, and more prestigious occupations generally experience superior health outcomes compared to those just below them. This stepwise improvement continues across all levels of society. It highlights how social and economic advantages accumulate to provide better protection against disease.

27. (C) (i), (ii) and (iii) only
Managing clinical waste effectively requires strict adherence to segregation and storage protocols at the point of generation. Hospitals use color-coded bags to separate different types of refuse, such as infectious materials or recyclable plastics. Sharps, like needles, must be kept in puncture-proof containers to prevent accidental injuries. However, general municipal waste produced in healthcare facilities is handled separately from hazardous clinical waste to optimize the disposal process.

28. (B) Oxygen (O2)
The Earth's temperature is regulated by specific gases that trap heat within the atmosphere, a process essential for life but dangerous when intensified. Primary contributors to this effect include carbon dioxide from burning fuels, methane from agriculture, and nitrous oxide from industrial processes. In contrast, oxygen is a vital atmospheric component for respiration but does not act as a greenhouse gas. Understanding these differences is crucial for climate science.

29. (A) Both A and R are true and R is the correct explanation of A.
School-based nutrition programs serve dual purposes by addressing immediate hunger and promoting long-term educational goals. By providing a nutritious meal during the day, these initiatives help improve the concentration and health of students. This provision also serves as a significant incentive for families from disadvantaged backgrounds to enroll their children and ensure regular attendance. Consequently, these programs are vital tools for achieving both nutritional security and educational equity.

30. (D) Social determinants of health
Public health strategies that look beyond clinical treatments focus on the underlying conditions that shape a community's well-being. By improving access to quality education, stable employment, and safe housing, these programs address the fundamental social and economic factors that influence disease risk. This approach recognizes that the environment in which people live and work has a greater impact on health than medical interventions alone.

31. (A) Dietary Survey - Food and nutrient consumption
Assessing the nutritional health of a population requires specific tools for gathering data on eating habits. A dietary survey is designed to systematically evaluate the types and quantities of food consumed by individuals or groups over a specific period. This information allows health professionals to estimate actual nutrient intake and identify potential deficiencies. It provides a detailed picture of the dietary patterns that influence the health of a community.

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32. (A) (iii), (iv), (ii), (i)
The waste management hierarchy prioritizes actions based on their environmental impact and resource efficiency. The most preferred strategy is preventing or reducing waste at the source. Reusing items is the next best option to extend their lifecycle. Recovery processes, such as generating energy from waste, follow in preference. Finally, disposal in landfills is the least desirable method and should only be used when all other recovery options are exhausted.

33. (A) (i), (iii), and (v)
Ensuring that food is safe for consumption involves preventing contamination throughout the entire supply chain. This goal is achieved by protecting food from harmful microorganisms and avoiding the intentional addition of inferior substances. Personal hygiene of food handlers plays a critical role in stopping the spread of pathogens. By adhering to these principles, the risk of foodborne illnesses is significantly reduced, safeguarding public health and maintaining high consumer confidence.

34. (A) (A) The practice of fasting for religious reasons
Nutritional habits are not solely determined by biological needs; they are deeply influenced by the traditions and beliefs of a community. Practices such as religious fasting demonstrate how social and cultural values can dictate when and what individuals eat. These factors can impact nutrient intake and overall health status. Understanding these aspects is essential for healthcare providers to offer culturally sensitive guidance and to develop effective community nutrition programs.

35. (C) Contamination of environment disrupting biological processes
Environmental quality is compromised when harmful substances are introduced into the air, water, or soil at levels that cause damage. This contamination can interfere with the natural functioning of ecosystems and pose serious risks to human health. Pollutants often disrupt biological cycles and lead to various diseases or ecological imbalances. Managing these contaminants is a primary focus of public health to ensure a safe and sustainable living environment for all.

36. (C) Statement I is correct but Statement II is incorrect.
Severe acute malnutrition can manifest in different forms depending on the specific nutrient deficiencies involved. One form is characterized by extreme wasting of muscle and fat, giving the individual a skeletal appearance. This condition primarily results from a total lack of calories and protein. Unlike other types of malnutrition that cause swelling due to fluid retention, this specific wasting disease is defined by the absence of edema.

37. (C) To isolate waste from the environment until it is safe
Modern waste management utilize specialized sites designed to minimize the impact of refuse on the surrounding ecosystem. The primary function of a sanitary landfill is to contain and isolate solid waste from the soil and groundwater. By using liners and daily soil covers, these facilities prevent the release of harmful contaminants and control the emission of gases. This method ensures that waste decomposes safely without posing a threat.

38. (B) P-3, Q-1, R-4, S-2
Different environmental factors are linked to specific health risks that impact the community. Lead exposure is particularly dangerous for neurological development in children. Inadequate sanitation and poor water quality are primary causes of diseases like cholera. High noise levels contribute to hypertension and potential hearing impairment. Additionally, fine particulate matter in the air is a major driver of respiratory and cardiovascular illnesses. Addressing these issues is vital.

39. (D) Gradual re-feeding with a diet rich in protein and energy, along with micronutrients.
Managing severe protein-energy malnutrition requires a carefully monitored clinical approach to avoid metabolic complications. The process focuses on slowly reintroducing a balanced diet that provides essential proteins and energy to restore body tissues. In addition to macronutrients, the administration of vitamins and minerals is crucial for recovery. This gradual re-feeding helps the body stabilize while treating any underlying infections and correcting fluid imbalances common in such cases.

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8. (A) P-2, Q-1, R-4, S-3
Hospital waste requires specific disposal protocols based on its category to prevent environmental contamination and infection. Human tissues usually necessitate incineration or deep burial for safety. Sharps must be disinfected and mutilated to avoid injuries. Chemical waste, including discarded medicines, requires destruction or disposal in secured landfills. Contaminated dressings are typically managed through autoclaving followed by incineration. Adhering to these color-coded segregation rules ensures safety.

9. (C) Ecology of malnutrition
Malnutrition is rarely the result of a single factor; it arises from a multifaceted relationship between various environmental and social elements. This framework examines how poverty, cultural beliefs, infectious diseases, and food availability interact within a specific community. By analyzing these diverse influences together, public health professionals can better understand the root causes of nutritional deficiencies. This holistic perspective is essential for developing effective, sustainable interventions.

10. (A) Adequate ventilation and natural sunlight
The quality of a housing environment significantly determines the health and well-being of its occupants. Essential features of a healthful home include sufficient airflow and exposure to natural light, which help reduce the transmission of airborne pathogens and support mental health. Proper design prevents the buildup of dampness and indoor pollutants. Prioritizing these elements ensures that living spaces provide a safe and restorative environment for families.

11. (D) (i), (ii), (iii) and (iv)
Shifts in global climate systems exert broad and significant pressures on public health infrastructure and outcomes. Rising temperatures increase the risk of heatstroke, while changes in rainfall disrupt water supplies and hygiene practices. Furthermore, extreme weather events threaten agricultural productivity, leading to widespread food insecurity. The expansion of vector habitats also facilitates the spread of infectious diseases. Collectively, these factors illustrate the comprehensive nature of climate-related health threats.

12. (B) Non-medical conditions in which people are born, grow, work, live, and age
Health outcomes are shaped by the broad social and economic environments that individuals experience throughout their lives. These determinants include factors such as education, income level, employment status, and the physical quality of neighborhoods. They represent the circumstances that influence a person's ability to maintain health and access necessary resources. Addressing these fundamental conditions is crucial for reducing health inequities and improving the overall well-being of populations.

13. (B) (iv), (i), (iii), (ii)
Effective household water purification follows a logical sequence to ensure the highest safety and clarity. The process begins with sedimentation to allow large particles to settle at the bottom. The water is then filtered through a clean cloth to remove remaining debris. Following filtration, disinfection through boiling is necessary to kill microbial pathogens. Finally, the purified water must be stored in a clean, covered container.

14. (C) Statement I is correct but Statement II is incorrect.
Assessing nutritional status involves both physical measurements and laboratory analysis to provide a comprehensive health profile. Measurements of height and weight are standard indicators for evaluating the growth and development of children. Simultaneously, biochemical tests remain vital for identifying specific nutrient deficiencies. For example, measuring certain protein levels in the blood is a highly useful method for assessing an individual's actual protein status and overall metabolic health.

15. (A) The Food Safety and Standards Act, 2006
To ensure the safety and quality of food products, India established a unified legislative framework that replaced multiple older laws. This comprehensive act led to the creation of a specialized authority responsible for setting science-based standards. It regulates various stages of the food chain, including manufacturing, storage, and distribution. This centralized approach simplifies compliance for businesses while providing stronger protection for consumers against adulteration and unsafe food.

symbol of status and celebration in most cultures. Understanding these influences is vital for effective nutritional counseling.

48. (B) Point source pollution
Water contamination is classified based on the origin of the pollutants entering the ecosystem. When harmful substances are released from a single, identifiable location, such as a factory's discharge pipe, it is referred to as point source pollution. This type of contamination is generally easier to monitor and regulate than diffuse runoff from large areas. Identifying the specific source is the first step in implementing effective environmental protection and remediation strategies.

49. (B) Incineration at high temperatures
Certain types of medical waste, such as cytotoxic drugs and hazardous chemicals, require specialized disposal methods to eliminate their toxicity. High-temperature incineration is the most effective way to break down these dangerous substances and prevent them from entering the environment. This process ensures that hazardous residues are destroyed safely, protecting both public health and local ecosystems. Proper management of these materials is a mandatory requirement for all healthcare facilities.

50. (C) Statement I is correct but Statement II is incorrect.
Public health interventions often involve enhancing the nutritional value of common foods to prevent widespread deficiencies. Food fortification is the systematic addition of essential micronutrients to staple products. For example, the primary goal of certain national programs is to add iodine to salt to prevent thyroid disorders. While adding iron to other foods is also a common strategy, these specific programs have distinct objectives focused on particular nutrient gaps.

51. (C) Interaction of biological, social, economic, and cultural factors
The ecology of malnutrition framework suggests that nutritional problems are not caused by a single factor but result from a complex interplay of various forces. This approach examines how biological needs, economic status, social structures, and cultural beliefs work together to influence health outcomes. By considering the entire environmental context, public health professionals can develop more effective, multifaceted interventions that address the root causes of malnutrition within a community.

52. (A) P-2, Q-1, R-4, S-3
Environmental pollutants originate from various human and natural activities that impact air quality. Carbon monoxide is primarily a byproduct of incomplete combustion in vehicles. Sulfur dioxide is commonly released during the burning of coal and other fossil fuels. Lead contamination often comes from industrial processes and old products like batteries or paint. Meanwhile, agricultural activities and livestock are significant sources of methane. Identifying these sources is essential for pollution control.

53. (C) The body's ability to absorb and use nutrients from the food consumed.
Food security is composed of several dimensions, including the biological aspect of how the body processes consumed food. This utilization pillar focuses on the physiological ability to absorb and use nutrients effectively. Factors such as the presence of infections, access to clean water, and overall health status play a significant role in this process. Even if food is available and accessible, poor utilization can still lead to nutritional deficiencies.

54. (B) It influences health literacy, employment, and income levels
A person's level of education serves as a fundamental social determinant that shapes their lifelong health trajectory. Education provides individuals with the skills to understand health information and make informed decisions about their well-being. Furthermore, it directly influences employment opportunities and income potential, which in turn determine access to better housing and nutritious food. This makes education a powerful tool for reducing health inequities and improving overall population health.

55. (C) (i), (ii) and (iii) only
The built environment encompasses the physical surroundings that influence human health through various pathways. Neighborhoods designed with safe walkways and parks promote active lifestyles, while poor housing conditions

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can worsen respiratory issues like asthma. Additionally, the lack of access to healthy food stores in certain areas affects dietary choices. The design of buildings also impacts the mental well-being of occupants, illustrating the comprehensive effect of our surroundings.

56. (A) (A) Use water and raw materials from unverified sources to build immunity.
Maintaining high food safety standards is essential for preventing illness and protecting public health. Key principles include keeping raw and cooked foods separate to avoid cross-contamination and cooking items thoroughly to kill pathogens. Proper temperature control during storage is also vital. In contrast, using unverified or contaminated raw materials is dangerous and increases the risk of foodborne disease. Ensuring that all ingredients are from safe sources is a fundamental requirement.

57. (A) Both A and R are true and R is the correct explanation of A.
Effective sanitation systems are a cornerstone of public health as they provide a primary barrier against infectious diseases. Proper facilities for the disposal of human waste are critical for preventing the contamination of water and food supplies. By safely containing excreta, these systems interrupt the transmission cycle of serious pathogens that cause illnesses like cholera and typhoid. Consequently, investing in sanitation infrastructure is one of the most impactful interventions for improving community health.

58. (A) Mid-Day Meal Scheme
Certain nutrition programs are specifically designed to be implemented within educational institutions to reach children effectively. The Mid-Day Meal Scheme is a prominent example, providing hot, nutritious meals to students in primary and upper primary classes. This initiative not only addresses childhood hunger but also encourages regular school attendance and improves overall student health. By integrating nutrition with education, these programs provide a comprehensive support system for developing children.

59. (D) A sanitary landfill is designed to prevent leachate from contaminating groundwater.
Modern waste management techniques focus on protecting the environment through specialized infrastructure. A sanitary landfill is specifically engineered to isolate refuse from the surrounding soil and water. This is achieved by using advanced liners that collect leachate, preventing it from reaching groundwater sources. Other methods like incineration and composting serve different purposes, such as reducing volume or recycling organic matter. Understanding these distinctions is vital for effective and safe waste disposal.

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60. (A) (iv), (ii), (i), (iii)
Vitamin A deficiency manifests through a range of ocular symptoms that increase in severity as the condition progresses. It typically begins with night blindness, followed by the appearance of dry spots on the conjunctiva. If untreated, this leads to corneal ulceration and significant tissue damage. The final and most severe stage results in permanent corneal scarring and total loss of vision. Recognizing these stages is critical for timely intervention and preventing blindness.

61. (C) (i), (ii), (iii), and (v)
Health outcomes are influenced by a wide array of social factors throughout an individual's life. Strong social networks can provide critical support during stressful times, while unemployment and gender inequalities often lead to poorer health. Early childhood experiences also lay the foundation for future well-being. However, access to healthcare is not independent of social status, as economic and social barriers frequently limit the availability of services for disadvantaged groups.

62. (D) Biomagnification
Certain environmental pollutants have the tendency to become more concentrated as they move through the food chain. This process occurs when a substance is absorbed by organisms at lower levels and then passed on to their predators. Because these chemicals are often slow to break down, they accumulate in higher concentrations in the tissues of top-level consumers. This phenomenon poses a significant health risk to humans and other animals at the top.

63. (A) Clinical assessment
Healthcare professionals use various methods to evaluate the nutritional status of individuals and communities. One approach involves looking for visible physical signs that indicate specific nutrient deficiencies. For example, identifying pale tissue or specialized spots in the eyes can suggest a lack of essential vitamins or minerals. This method is practical for initial screenings as it does not require laboratory equipment, although it is often used in combination with other assessments.

64. (C) Statement I is correct but Statement II is incorrect.
Legislative frameworks in India aim to ensure food security by making access to essential grains a legal right for a significant part of the population. This act covers not only rice and wheat but also includes coarse grains to provide a diverse and nutritious supply. By establishing these entitlements, the government becomes accountable for maintaining the distribution system. This rights-based approach is a fundamental shift in how nutritional needs are addressed.

65. (B) Facilitation of the spread of airborne infectious diseases
High population density within living spaces is a significant risk factor for the transmission of various respiratory illnesses. When many people share a small, poorly ventilated area, pathogens can easily move from person to person through the air. This environment is particularly conducive to the spread of diseases like tuberculosis and influenza. Consequently, maintaining adequate housing standards and reducing overcrowding are essential public health measures for controlling the incidence of infectious diseases.

66. (B) P-3, Q-1, R-4, S-2
Social determinants have distinct pathways that impact human health outcomes. Financial limitations often restrict access to quality food and housing, while lower education levels can result in poor health literacy. Social exclusion and unemployment are major drivers of chronic stress and mental health challenges. These interconnected factors illustrate how a person's social and economic position directly influences their physical and mental well-being. Addressing these determinants is crucial for public health.

67. (C) Tetanus
Waterborne diseases are caused by consuming water that has been contaminated by human or animal waste. Common examples include cholera, typhoid, and certain types of hepatitis, which spread through the fecal-oral route. In contrast, tetanus is caused by bacteria entering the body through broken skin, usually from soil or rusted metal, and is not associated with the ingestion of contaminated water. Distinguishing between these modes of transmission is important for prevention.

68. (D) Reduce the prevalence of anemia across various age groups.
National health strategies focus on addressing widespread micronutrient deficiencies that impact large segments of the population. One major initiative aims to significantly lower the rates of iron deficiency and related conditions in children, adolescents, and women. This is achieved through a multi-pronged approach that includes supplementation, dietary diversification, and improved infection control. By targeting multiple age groups, the program seeks to improve overall health and productivity across the country.

69. (C) (i), (ii) and (iii) only
Malnutrition encompasses a broad spectrum of conditions related to imbalances in nutrient intake, including both undernutrition and overnutrition. It can manifest as stunted growth, wasting, or obesity, and an individual can experience multiple forms simultaneously. For example, an obese person may still suffer from specific micronutrient deficiencies. The ecology of malnutrition recognizes that these issues are driven by complex environmental and social factors rather than just individual dietary choices alone.

70. (B) Indoor air quality within a built environment
The condition of the indoor environment can directly affect the health of people who spend long periods inside specific buildings. This issue often arises due to poor ventilation, chemical contaminants, or microbial growth within the structure. Occupants may experience various

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symptoms like headaches or respiratory irritation that improve once they leave the building. Addressing indoor air quality is essential for ensuring that workplaces and homes are safe and supportive of human well-being.

71. (A) Both A and R are true and R is the correct explanation of A.
Iodine is a critical micronutrient required for the production of hormones that regulate growth and metabolism. A lack of this mineral can lead to serious health issues, including goitre and impaired mental development. To prevent these disorders on a population level, the fortification of common table salt with iodine has been implemented globally. This simple and effective public health strategy ensures that people receive the necessary amount of iodine through their daily diet.

72. (A) It uses high-pressure steam to sterilize infectious waste.
Managing hazardous medical waste requires specialized treatment to eliminate pathogens before final disposal. Autoclaving is a widely used method that employs saturated steam under high pressure to achieve complete sterilization. This process effectively kills bacteria, viruses, and other microorganisms in infectious refuse. Once sterilized, the waste is no longer a biological hazard and can be handled or disposed of more safely. It is a critical component of modern hospital safety protocols.

73. (C) A belief that pregnant women should not eat papaya, leading to reduced intake of Vitamin A.
Nutritional status is often influenced by cultural beliefs and traditions that dictate which foods are considered appropriate for specific groups. When these social norms discourage the consumption of nutrient-rich foods during critical life stages like pregnancy, they can lead to significant health risks for both mother and child. These socio-cultural barriers are distinct from economic or environmental factors and require sensitive, community-based approaches to address effectively through nutrition education.

74. (A) (iv), (iii), (i), (ii)
Food security involves a logical hierarchy of factors ranging from national infrastructure to individual health. The process begins with the establishment of large-scale distribution systems and market stability at the macro level. At the household level, economic factors like purchasing power determine access to supplies. Finally, at the micro level, an individual's biological ability to consume and utilize the food is the ultimate factor. Understanding this sequence is essential for effective policy.

75. (D) All are correct
Climate change impacts public health through a wide range of direct and indirect pathways. Increased heatwaves lead to more heat-related illnesses, while shifts in weather patterns alter the transmission of vector-borne diseases. Environmental changes also threaten food and water security and can cause the displacement of entire communities. Furthermore, worsening air quality can exacerbate respiratory conditions. These diverse threats illustrate the comprehensive nature of the health challenges posed by a changing global climate.

76. (B) Systematic, avoidable, and unjust differences in health status between different groups of people.
Disparities in health outcomes often arise from social and economic conditions that are within human control to change. These differences are considered unfair when they result from the unequal distribution of resources, power, and opportunities. Unlike biological variations, these inequities are systematic and can be addressed through targeted public policies. Focusing on health equity involves identifying and eliminating these unjust barriers to ensure that everyone has the opportunity to achieve optimal health.

77. (C) Agricultural runoff containing pesticides and fertilizers from a large area of farmland.
Water pollution is categorized by how the contaminants enter the ecosystem. When pollutants originate from a broad, non-specific area rather than a single pipe or location, it is known as non-point source pollution. A common example is rainfall moving over agricultural land and carrying chemicals into nearby water bodies. This type of pollution is challenging to manage because it involves multiple sources across a large geographical region, requiring comprehensive environmental strategies.

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78. (A) Both Statement I and Statement II are correct.
Effective hospital waste management relies on a standardized color-coding system to ensure that different types of refuse are treated appropriately. Yellow bags are specifically designated for hazardous clinical waste like human tissues and contaminated dressings, which are usually incinerated. Conversely, red bags are used for recyclable items like plastic tubing that have been disinfected. Adhering to these segregation rules is essential for protecting healthcare workers and the environment from infectious risks.

79. (A) Supplementation with iron and folic acid tablets.
Public health interventions for anemia focus on providing the essential nutrients needed for red blood cell production. The most common and effective strategy involves the distribution of iron and folic acid supplements to target groups such as children and pregnant women. These supplements directly address the most frequent cause of the condition. When combined with dietary advice and infection control, this approach helps to significantly reduce the prevalence of anemia in the community.

80. (C) P-3, Q-2, R-4, S-1
Specific nutrient deficiencies manifest through distinct clinical signs that can be identified during physical examinations. For instance, a lack of Vitamin A often results in specialized spots in the eyes, while Vitamin C deficiency can cause bleeding gums. Severe Niacin lack is associated with a range of symptoms affecting the skin and nervous system. Iodine deficiency is most commonly recognized by the enlargement of the thyroid gland. Recognizing these signs is vital.

81. (B) To lay down science-based standards for articles of food and to regulate their manufacture, storage, distribution, sale, and import.
The primary authority for food safety in India is responsible for creating a unified regulatory environment. Its main objective is to establish scientifically grounded standards for food products to ensure they are safe for consumption. This involves overseeing the entire supply chain, from manufacturing and storage to the final sale and import of goods. By enforcing these regulations, the authority protects consumers from health risks and ensures high quality across the food industry.

82. (A) An area with limited access to affordable and nutritious food, particularly fresh fruits and vegetables.
The physical design of neighborhoods can significantly impact dietary choices and health outcomes. In some urban or rural areas, residents may have many options for fast food but very few places to buy fresh, healthy produce. These regions, known as food deserts, often contribute to higher rates of malnutrition and chronic diseases. Addressing this issue involves improving the built environment and supporting local food systems to ensure equitable access to nutritious food.

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83. (C) (i), (ii) and (iii) only
Safe water and sanitation systems are fundamental for preventing infectious diseases and maintaining health. This involves protecting water sources from surface contamination and ensuring thorough disinfection during treatment to kill pathogens. Additionally, some skin diseases are specifically linked to a lack of sufficient water for personal hygiene. While certain minerals like fluoride are beneficial in small amounts, high levels can be harmful, illustrating the need for careful monitoring of water quality.

84. (D) Iron deficiency anemia
Maintaining adequate levels of essential minerals during pregnancy is vital for the health of both the mother and the developing fetus. A significant deficiency in iron is linked to several serious complications, including higher risks of maternal mortality and low birth weight in infants. It can also negatively impact the long-term cognitive development of the child. Public health programs prioritize iron supplementation to mitigate these risks and ensure better maternal and child health outcomes.

85. (A) Both A and R are true and R is the correct explanation of A.
Enhancing the education of women is one of the most effective strategies for improving the nutritional status of families. Educated mothers tend to have a better understanding of health and hygiene, which leads to better feeding practices for their children. They also often have

disease. Reducing exposure to these pollutants is a critical public health priority for protecting the long-term health of populations.

115. (A) (iii), (ii), (i), (iv)
Assessing the nutritional status of a community follows a logical sequence to ensure effective planning and intervention. The process begins with clearly defining the goals and identifying the target population. Next, various types of data are collected through anthropometric and clinical methods. This information is then interpreted to identify specific health problems. Finally, based on these findings, a comprehensive action plan is developed to address the identified needs and improve the community's overall nutritional health.

116. (B) A social determinant of health
Differences in health outcomes between groups are often linked to their social and economic circumstances. When people with lower incomes experience higher rates of chronic disease, it illustrates how financial status influences access to resources like healthy food and quality housing. These external conditions shape a person's risk of illness long before they seek medical care. Recognizing these influences is essential for creating public policies that address the root causes of health inequities within a city.

117. (A) Scurvy - Vitamin C deficiency
Specific nutritional disorders are directly caused by a lack of essential vitamins or minerals in the daily diet. For example, a severe deficiency in Vitamin C leads to symptoms like bleeding gums and poor wound healing. Other conditions, such as rickets or pellagra, are linked to different vitamin groups. Recognizing these specific connections is vital for effective diagnosis and treatment. By ensuring a balanced intake of all necessary nutrients, many common nutritional diseases can be entirely prevented.

118. (D) Statement I is incorrect but Statement II is correct.
The built environment encompasses all human-made surroundings, ranging from individual homes to large-scale urban infrastructure. Housing is one of the most critical components of this environment, as the quality of our living spaces directly impacts both physical and mental health. Factors like ventilation, lighting, and safety within the home play a fundamental role in well-being. Understanding the broad scope of the built environment is essential for developing urban planning strategies that support public health.

119. (A) High in both energy and protein.
Managing severe acute malnutrition characterized by extreme wasting requires a specific nutritional strategy. The primary goal is to provide a diet that is rich in both protein and total calories to support the repair of body tissues and promote growth. This high-energy approach is essential for restoring the health of individuals who have suffered from a prolonged lack of nutrients. Careful clinical monitoring is also necessary to ensure that the recovery process is safe and effective.

120. (B) (i), (iii), and (v)
Effective waste management involves a series of prioritized actions designed to protect the environment and conserve resources. Segregation at the source is the critical first step that allows for more efficient processing. Techniques like incineration can reduce waste volume and generate energy, while recycling helps to save natural materials and lower pollution. However, mixing clinical waste with general refuse is dangerous, and landfilling should be considered the least desirable option in a sustainable waste system.

121. (B) To improve the nutritional status of children and encourage school attendance.
School-based meal programs serve as a vital tool for improving both health and educational outcomes for children. By providing a nutritious, hot meal during the day, these initiatives address immediate hunger and help improve overall student well-being. This provision also acts as a strong incentive for families to ensure their children attend school regularly. Consequently, these programs play a key role in supporting child development and achieving greater equity in both nutrition and education.

122. (C) Social determinants of health
The circumstances in which people experience life, from birth to old age, have a profound impact on their physical and mental well-being.

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93. (C) Measuring Mid-Upper Arm Circumference (MUAC)
In emergency situations where rapid assessment of many individuals is required, public health workers use simple and effective tools. Measuring the circumference of a child's upper arm is a quick way to screen for acute malnutrition without needing complex equipment. This practical method provides immediate results and is highly reliable for identifying those in urgent need of nutritional support. It is especially useful in resource-limited settings where traditional measurements might be difficult to perform.

94. (A) P-3, Q-4, R-1, S-2
Nutritional health is influenced by various practices and beliefs that can either enhance or compromise food quality. Adulteration involves adding harmful or inferior substances to food, while fortification enhances food with essential micronutrients. Cultural beliefs also play a role through dietary restrictions or irrational ideas about certain foods. Understanding these terms is essential for managing food safety and developing effective nutrition education programs that address both scientific and social factors within a community.

95. (A) To protect against the elements, prevent injuries, and reduce the transmission of communicable diseases.
Adequate housing is a fundamental requirement for maintaining public health and well-being. A safe home provides essential protection from extreme weather and physical hazards, while also helping to limit the spread of infectious illnesses. Proper living conditions include sufficient space, ventilation, and sanitation facilities, which are critical for preventing disease. By establishing housing standards, communities can ensure that residents have a secure environment that supports their overall health and prevents unnecessary injuries or illnesses.

96. (B) The National Food Security Act, 2013
India has established significant legislation to ensure that its citizens have access to adequate nutrition as a fundamental right. This specific act creates a legal entitlement for a large portion of the population to receive subsidized food grains through a nationwide distribution system. By making food security a matter of legal obligation, the government aims to combat hunger and malnutrition effectively. This rights-based approach is a key part of the country's social welfare framework.

97. (B) (ii) and (iii)
Environmental pollution poses a wide range of threats to human health across different settings. Noise can cause both immediate hearing issues and long-term psychological effects, while water contamination impacts people directly through ingestion and indirectly through food systems. Contrary to some beliefs, air pollution affects both urban and rural areas. Furthermore, the built environment is not immune to these issues; in fact, its design often determines the level of exposure residents have to various environmental pollutants.

98. (A) The interplay of household income, maternal education, sanitation, access to healthcare, and feeding practices.
The ecology of malnutrition provides a holistic framework for understanding why nutritional problems occur within a specific community. This approach analyzes how various factors, such as economic status, education levels, and the quality of the local environment, work together to influence health. For instance, chronic growth issues in children are often the result of multiple interacting causes rather than a single factor. By considering this entire ecosystem, public health professionals can develop more effective, multifaceted interventions.

99. (A) Both A and R are true and R is the correct explanation of A.
Health outcomes are significantly influenced by the circumstances in which people live and work, often more so than by medical treatment itself. Factors like income and housing shape daily experiences and determine the level of risk individuals face before they ever need a doctor. By addressing these social determinants, communities can prevent many health problems from occurring in the first place. This makes social and economic policies a vital component of comprehensive public health strategies.

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100. (B) Increased rates of genetic mutations due to cosmic rays.
Climate change impacts public health through multiple pathways, including increased heat-related illnesses and shifts in the range of infectious disease vectors. It also affects mental well-being when entire communities are displaced by rising sea levels. While these environmental changes are significant, they are not typically linked to increased genetic mutations from outer space. Understanding the direct and indirect health consequences of a changing climate is essential for developing effective adaptation and mitigation strategies for society.

101. (C) Height-for-age
Public health professionals use various physical measurements to assess different forms of malnutrition in children. A low measurement of height relative to age is a key indicator of stunting, which reflects long-term, chronic nutritional deficiencies. This metric provides a picture of a child's overall growth over time and is often linked to factors like poor sanitation and repeated infections. Monitoring this indicator is essential for evaluating the success of long-term nutrition and development programs.

102. (C) Statement I is correct but Statement II is incorrect.
Large-scale social welfare programs in India utilize local centers to deliver essential services to the community. One major scheme is designed to support the development of young children and provide nutritional aid to pregnant and lactating women. While this program reaches these specific vulnerable groups, it is not primarily intended for elderly men or other demographics. By focusing on early childhood and maternal health, the initiative seeks to build a stronger foundation for the country's future.

103. (B) Red
Managing hospital waste effectively requires using a standardized system of color-coded containers for different types of materials. Items such as plastic tubing, catheters, and gloves that have been in contact with patients are typically placed in red bags. These materials are usually disinfected and then recycled or disposed of according to strict safety protocols. This system ensures that healthcare workers can easily identify and separate waste, reducing the risk of accidental exposure to infectious agents.

104. (B) (i), (ii), and (iii)
India's framework for food safety is designed to protect consumers through unified legislation and a central regulatory authority. This authority sets standards for both domestic and imported food products and oversees the entire supply chain. The goal is to ensure that all food items meet high safety and quality requirements, preventing fraud and adulteration. These regulations are mandatory and legally enforceable, providing a consistent and robust system for maintaining public health across the entire food industry.

105. (A) (A) A culturally or religiously motivated prohibition against consuming a particular food.
Human eating habits are shaped by various social and traditional values that can limit the types of food consumed. A food taboo refers to a specific restriction based on the beliefs of a community, rather than on medical or scientific evidence. These prohibitions can be temporary or permanent and often play a role in reinforcing social identity. Understanding these cultural factors is essential for health professionals to provide guidance that is both effective and respectful of traditions.

106. (A) Contamination of soil and water sources with human excreta
The lack of proper facilities for the disposal of human waste leads to significant environmental and public health challenges. Without effective sanitation, waste can enter local water supplies and soil, creating a major pathway for the spread of infectious diseases. This contamination is a primary driver of illnesses like cholera and various parasitic infections. Consequently, providing safe and adequate sanitation systems is a critical intervention for protecting the environment and improving the health of communities.

107. (B) P-2, Q-1, R-3, S-4
Environmental factors are directly linked to various health conditions that impact the community. Indoor pollutants like mold can trigger asthma attacks, while contaminated water is a major source of outbreaks like cholera. Exposure to ultraviolet radiation is a primary risk factor for skin cancer, and environmental

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lead is particularly harmful to the neurological development of children. Identifying these connections is essential for public health professionals to develop effective prevention and environmental protection strategies for all.

108. (B) Marasmus
Severe acute malnutrition can present with distinct physical features that help in its identification. One form is characterized by an extreme lack of energy intake, resulting in significant wasting of muscle and fat. This gives affected infants a characteristic appearance often described as resembling an old man's face. Unlike other forms of malnutrition that involve swelling, this condition is marked by extreme thinness. Addressing this life-threatening deficiency requires urgent clinical intervention and careful nutritional rehabilitation for recovery.

109. (A) Social, economic, and political conditions significantly shape the health of individuals and populations.
The concept of social determinants suggests that a person's well-being is primarily determined by the environment in which they live and work. Factors such as income, education level, and the quality of local infrastructure have a powerful influence on health outcomes. These external conditions often play a larger role than medical care alone. By understanding these influences, communities can develop comprehensive policies that address the root causes of disease and promote health equity for everyone.

110. (D) (i), (ii), (iii) and (iv)
Healthful housing involves more than just providing a physical structure; it encompasses several essential criteria for well-being. A home must offer protection from weather and ensure access to clean water and sanitation. Furthermore, it should provide enough space to avoid the risks associated with overcrowding. Beyond physical needs, a healthful home also provides a sense of security and psychological comfort. These combined factors create a living environment that supports the long-term health of its occupants.

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111. (A) Physical, social, and economic access to sufficient, safe, and nutritious food.
Achieving comprehensive food security means ensuring that every individual has consistent and reliable access to a healthy diet. This involves having enough food available, the economic means to acquire it, and the ability to use it effectively. True security exists only when food is safe, nutritious, and meets people's dietary preferences for an active life. By addressing all these dimensions, communities can protect their members from hunger and the long-term consequences of malnutrition.

112. (A) Both A and R are true and R is the correct explanation of A.
The improper handling of medical refuse poses a significant danger to both healthcare workers and the general public. Hazardous materials, such as contaminated sharps or infectious tissues, can cause injury or spread disease if they enter the municipal waste stream. This environmental contamination creates a pathway for pathogens to reach the community. Therefore, establishing and maintaining strict protocols for the segregation and disposal of hospital waste is an essential requirement for public safety.

113. (C) Financial loans for starting small businesses
National social welfare initiatives focus on delivering a specific package of services to support the health and development of vulnerable groups. Key components include providing supplementary nutrition, ensuring essential immunizations, and offering pre-school education for young children. While these programs provide comprehensive support for growth and maternal health, they are not intended to function as financial institutions for business loans. By focusing on health and education, the initiative seeks to improve the long-term well-being of the community.

114. (A) Cardiovascular and Respiratory systems
Fine particulate matter in the air is small enough to penetrate deep into the human body, posing a serious health threat. These tiny particles can enter the lungs and even reach the bloodstream, causing inflammation and damage over time. The most significant impacts are seen in the respiratory and cardiovascular systems, leading to conditions like asthma, bronchitis, and heart

more influence over household decisions and resources, allowing them to prioritize health-related needs. Consequently, investing in female education provides long-term benefits for child development and overall community well-being.

86. (B) Using a glass jar again for storing food items after its original contents are finished.
The waste management hierarchy encourages practices that minimize the creation of refuse and conserve resources. Reuse involves taking an item and using it again for its original purpose or a new one, without changing its physical form. This strategy is more energy-efficient than recycling, as it avoids the industrial processing needed to create new products. Reusing everyday items, like glass containers, is a simple and effective way for individuals to reduce their environmental footprint.

87. (D) National Food Security Act - All citizens of India irrespective of income
National nutrition programs are typically designed to target specific segments of the population that are most at risk of deficiencies. For example, some programs focus on young children and mothers, while others provide meals for students in schools. Legislative acts for food security also exist, but they are generally focused on providing subsidized grains to specific eligible groups rather than every citizen regardless of income. Understanding these target groups is essential for effective program implementation.

88. (B) (i), (iii), and (iv)
Health is shaped by a wide range of social and economic factors that operate at multiple levels of society. Cultural beliefs and job security are key determinants that influence how people experience illness and access care. While income is a major factor, its impact can vary across different levels of wealth. Furthermore, the physical environment is deeply connected to social determinants, as socioeconomic status often determines where people live and their exposure to various risks.

89. (C) Severe Acute Malnutrition (SAM)
Malnutrition can manifest as a critical health condition when an individual experience extreme weight loss relative to their height. This severe form of wasting indicates a high risk of mortality and requires immediate medical intervention. It is distinct from chronic conditions like stunting, which relate to long-term growth. Identifying cases of severe acute malnutrition is a priority for emergency nutrition programs, as it represents one of the most life-threatening forms of nutritional deficiency in children.

90. (A) How social and cultural factors shape food habits and nutritional status.
The study of nutritional habits looks beyond simple biology to understand how the values and traditions of a society influence health. This field examines how cultural beliefs, religious practices, and social structures determine what people eat and how they share food. These factors have a significant impact on the overall nutritional status of a community. By understanding these influences, health professionals can design interventions that are culturally appropriate and more likely to succeed.

91. (D) The Greenhouse effect
The Earth's temperature is maintained by a natural process where certain atmospheric gases trap heat, preventing it from escaping into space. This phenomenon is essential for life, but human activities have significantly increased the concentration of these gases, leading to global warming. This enhanced effect causes shifts in weather patterns and contributes to various environmental challenges. Understanding this process is fundamental to addressing climate change and its wide-ranging impacts on public health and natural ecosystems.

92. (A) Both Statement I and Statement II are correct.
Effective waste management involves various processes to transform or dispose of refuse safely. Composting is a natural, aerobic process where organic materials are broken down by microorganisms into useful fertilizer. In contrast, incineration is a high-temperature treatment that involves the controlled burning of waste to reduce its volume. Both methods play important roles in modern waste systems by providing alternatives to landfills and helping to manage different types of materials efficiently.

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This concept emphasizes that factors outside of the healthcare system, such as education, income, and living conditions, are the primary drivers of health outcomes. By focusing on these underlying social and economic environments, communities can better understand and address the root causes of disease. This broad perspective is essential for promoting long-term health.

123. (B) Increased risk of both droughts and floods, affecting water quality and quantity.
Changing global climate patterns significantly impact the availability and safety of water resources. This can lead to more frequent and intense extreme weather events, such as prolonged droughts that limit supply and severe floods that contaminate existing sources. These disruptions pose a major challenge to maintaining adequate hygiene and preventing waterborne diseases. Understanding the link between climate change and water security is essential for developing effective strategies to protect public health in a changing environment.

124. (B) P-3, Q-1, R-4, S-2
Maintaining health requires consuming a variety of nutrients from different food sources. Green leafy vegetables are excellent for iron, while certain fruits like papaya provide essential carotene for Vitamin A. Iodine is most commonly obtained from fortified salt and seafood, and dairy products remain a primary source of calcium. By including these diverse items in the daily diet, individuals can ensure they receive the necessary vitamins and minerals to support all body functions and prevent deficiency.

125. (B) Food adulteration
The quality and safety of food products are sometimes compromised by the intentional addition of inferior or harmful materials. This practice, known as adulteration, is often done to increase volume or improve appearance at the expense of consumer health. Adding non-food substances like chalk or certain powders to staple items is a serious violation of food safety standards. Protecting the public from these fraudulent practices is a major focus of food regulation and public health monitoring systems.

126. (B) Environmental determinant (housing)
The physical condition of a person's home is a powerful factor that directly influences their health. Damp living spaces with poor ventilation can encourage the growth of mold, which is a common trigger for respiratory conditions like asthma. This situation illustrates how the quality of the immediate built environment can exacerbate chronic health problems. By improving housing standards and ensuring safe living conditions, communities can significantly reduce the burden of environmentally-related illnesses and improve the well-being of families.

127. (C) (i), (ii) and (iii) only
The ecology of malnutrition recognizes that nutritional problems are driven by a complex interplay of many social, economic, and environmental factors. Repeated infections and a lack of access to clean water can significantly worsen a person's nutritional health. Furthermore, the mother's level of education is a critical factor that influences household feeding and hygiene practices. By addressing these multifaceted roots together, public health programs can develop more effective and sustainable solutions for improving the nutritional status of communities.

128. (A) Wasting (acute malnutrition)
Public health workers use specific physical measurements to identify different types of nutritional problems in children. When a child's weight is significantly lower than expected for their height, it indicates a state of wasting. This condition is a sign of acute malnutrition, often resulting from a recent and severe lack of food or a serious illness. Identifying these cases quickly is essential, as wasting represents a high risk of mortality and requires immediate clinical support for recovery.

129. (A) Both A and R are true and R is the correct explanation of A.
Legislative changes can transform the way nutritional needs are addressed by shifting the focus from social welfare to legal rights. By making access to subsidized grains an entitlement, certain acts ensure that the government is legally responsible for food distribution to eligible groups. This approach provides a stronger framework for combating hunger and improving the security of vulnerable populations. It empowers citizens and

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creates a more accountable system for ensuring that basic nutritional needs are met.

130. (A) Analyze nutrient levels in blood, urine, or tissues.
To obtain a precise picture of an individual's nutritional health, professionals use various laboratory-based methods. These biochemical assessments involve analyzing samples of body fluids or tissues to measure the actual levels of vitamins, minerals, and proteins. This approach can identify deficiencies long before physical signs appear, allowing for earlier and more effective intervention. It provides objective data that complements other assessment methods like physical measurements or dietary surveys, ensuring a more accurate and comprehensive evaluation of health.

131. (A) Fixing the Minimum Support Price (MSP) for crops.
The primary regulatory authority for food safety in India has a broad mandate to protect public health through science-based standards. This includes framing regulations, managing laboratory accreditation, and providing technical support to the government. While the authority oversees the safety of the entire food chain from production to import, it does not handle economic matters such as setting prices for agricultural products. Its focus remains strictly on ensuring that the food people eat is safe and of high quality.

132. (A) Social determinants of health
Human health is shaped by the accumulation of experiences and environments over the entire course of a person's life. This perspective suggests that advantages or disadvantages experienced in early childhood can have long-lasting effects on adult health outcomes. Factors such as education, income, and living conditions all play a role in this process. By understanding health as a lifelong journey influenced by social and economic factors, communities can develop more effective policies to promote well-being at every stage.

133. (B) Scabies
Health conditions related to water are classified by their mode of transmission and the role water plays in their spread. While some diseases are caused by ingesting contaminated water, others result from a simple lack of sufficient water for maintaining personal hygiene. These "water-washed" diseases, such as certain skin infections, can be prevented by ensuring an adequate quantity of water for bathing and cleaning. Distinguishing between these categories is essential for developing effective water and sanitation interventions.

134. (C) Statement I is correct but Statement II is incorrect.
Shifts in the global climate lead to a significant increase in the frequency and intensity of extreme weather events like floods, droughts, and heatwaves. These environmental changes have profound impacts on human health, ranging from direct injuries and heatstroke to indirect consequences such as food insecurity and the spread of infectious diseases. Understanding these links is essential for public health planning, as it helps communities prepare for and mitigate the diverse risks posed by a changing environment.

135. (i), (ii), and (v)
Severe acute malnutrition manifests in different forms depending on the specific lack of calories and protein. One form results primarily from protein deficiency and often involves fluid retention, while another results from a total lack of both protein and energy, leading to extreme wasting. The psychological state of affected children can also differ, with some appearing very listless and others more irritable. Recognizing these distinct clinical features is essential for accurate diagnosis and providing the appropriate medical treatment.

136. (A) A combination of dietary management, treatment of infections, and addressing underlying socio-economic factors.
Effective management of nutritional diseases requires a holistic approach that goes beyond simply providing missing nutrients. It is essential to treat any accompanying infections and address the underlying social and economic conditions that contribute to the problem. This multifaceted strategy ensures that the immediate health needs are met while also working to prevent the condition from recurring. By combining clinical care with community-based support, public

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health programs can achieve more sustainable and long-term improvements in health.

137. (B) Sufficient quantities of food are available on a consistent basis from production or imports.
Food security relies on several essential pillars to ensure that every individual has a reliable source of nutrition. The availability dimension focuses on having a steady and sufficient supply of food through both local production and international trade. This ensures that the total amount of food in a region is adequate to meet the needs of the population. Without consistent availability, other factors like economic access and biological utilization cannot be fully achieved, leading to insecurity.

138. (B) It leads to automobile dependency, reduced physical activity, and higher air pollution.
The way cities are planned significantly influences the health and lifestyle of their residents. Extensive urban development that spreads outward often leads to a heavy reliance on cars for daily travel, which can reduce opportunities for walking and other physical activities. This pattern also contributes to increased air pollution from vehicles, posing further risks to respiratory and cardiovascular health. Consequently, promoting denser, more walkable urban environments is a key strategy for improving public health and reducing chronic disease.

139. (A) Physical, chemical, biological, social, and psychosocial factors in the environment.
Human health is determined by a wide array of influences within our surroundings, ranging from the quality of the air and water to the social structures of our communities. Environmental health examines how these physical, chemical, and biological factors interact with social and psychological stressors to affect well-being. By focusing on the entire context in which people live and work, public health professionals can identify and mitigate the diverse risks that lead to disease and promote overall health.

140. (B) P-4, Q-1, R-2, S-3
Hospital waste is classified into distinct categories to ensure that different types of materials are handled and disposed of safely. This includes infectious waste from laboratories, pathological waste such as human tissues, and sharps like needles that pose an injury risk. Pharmaceutical waste, including expired medicines, also requires specialized management. By using standardized categories and examples, healthcare facilities can implement effective segregation and treatment protocols that protect workers, patients, and the general public from hazardous clinical materials.

141. (A) Bi-directional relationship where poverty and poor health reinforce each other
Economic status and physical well-being are deeply interconnected through a complex feedback loop. Financial hardship often limits access to nutritious food and quality healthcare, which directly leads to illness. Conversely, chronic health problems can prevent individuals from working, thereby increasing the risk of falling deeper into poverty. This relationship creates a vicious cycle where each factor worsens the other, making it a critical focus for public health interventions that address both economic and medical needs within a community.

142. (B) Stunting
Public health professionals use specific physical measurements to identify different forms of malnutrition in children over time. When a child's height is significantly lower than what is expected for their age, it indicates a state of stunting. This condition is a key sign of chronic malnutrition, resulting from long-term deficiencies and repeated illnesses during early development. Monitoring stunting levels is essential for evaluating the success of long-term health and nutrition programs and ensuring better developmental outcomes.

143. (C) (i), (ii) and (iii) only
Human dietary habits are shaped by a complex interplay of cultural traditions, social gatherings, and beliefs about health and illness. These factors often determine which foods are considered appropriate during specific times, such as during sickness or celebrations. As societies transition from traditional diets to more modern eating patterns, significant changes in health outcomes can occur. However, practices such as weaning vary greatly between different cultures. Understanding these diverse influences is essential for developing effective and culturally sensitive nutrition programs.

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144. (D) Fortification with vitamins
Treating municipal wastewater involves several stages designed to remove contaminants and protect the environment before the water is released. This process typically includes physical sedimentation, biological oxidation to break down organic matter, and advanced stages for nutrient removal. While these treatments are essential for environmental safety, they do not involve adding nutrients like vitamins to the water. Wastewater management focuses strictly on purifying the water and removing hazards to ensure it can be safely returned to natural ecosystems.

145. (A) Both A and R are true and R is the correct explanation of A.
The physical environment created by humans, including the layout of neighborhoods and the quality of buildings, has a profound impact on public health. Well-planned communities with accessible walkways and parks encourage people to be more active, while poorly designed spaces can lead to sedentary lifestyles and higher risks of chronic disease. By prioritizing health in urban planning and design, communities can create surroundings that support physical activity and improve the long-term well-being of all residents.

146. (D) Dietary
To understand a person's nutritional health, professionals use various methods to evaluate what they eat and drink. One common tool involves asking individuals to recall all the food they consumed during the previous day. This dietary assessment provides detailed information about nutrient intake and eating patterns, which can help identify potential deficiencies or unhealthy habits. While other methods measure body dimensions or analyze blood samples, this approach focuses strictly on the individual's actual consumption and dietary choices.

147. (D) The Motor Vehicles Act, 1988
India has established several important laws to regulate food safety and ensure nutritional security for its population. These acts provide a legal framework for setting standards, providing subsidized grains, and protecting infants from inappropriate feeding practices. While these laws are critical for public health, other legislation, such as those governing transportation, do not directly address food or nutrition. Understanding the specific purpose of different acts is essential for navigating the regulatory landscape and ensuring that nutritional goals are met.

148. (A) (A) An individual with a high-paying job has better access to healthcare and lives in a less polluted area compared to a manual laborer.
Social class serves as a fundamental determinant of health by shaping the conditions in which people live and work. Individuals in higher socioeconomic positions often have better access to quality healthcare, nutritious food, and safe, clean environments. These advantages accumulate over time, leading to better health outcomes compared to those in lower-paying or more hazardous occupations. This demonstrates how social and economic structures create inequalities in health that are unrelated to a person's genetic makeup.

149. (A) Binding to hemoglobin and reducing the blood's oxygen-carrying capacity.
Carbon monoxide is a dangerous pollutant that affects the body by interfering with the transport of oxygen. When inhaled, it binds much more strongly than oxygen to the hemoglobin in red blood cells. This significantly reduces the amount of oxygen that can be delivered to the heart, brain, and other vital organs. Prolonged exposure can lead to serious health complications and even death. Understanding this mechanism is essential for recognizing the risks of incomplete fuel combustion.

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150. (C) Statement I is correct but Statement II is incorrect.
Managing hospital refuse effectively requires a strict process of separating different types of waste at the moment they are created. This segregation is the most critical step in ensuring that infectious and hazardous materials are handled safely. Mixing all types of medical waste together is dangerous as it increases the risk of accidental exposure and makes proper disposal much more difficult. Standardized protocols for separation are a fundamental requirement for protecting healthcare workers and the public.

151. (A) To promote the consumption of iodized salt to prevent goitre and cretinism.
National public health programs target specific micronutrient deficiencies that have broad

impacts on growth and development. One major initiative focuses on ensuring that the entire population has access to iodine through the fortification of common salt. This simple and effective strategy is designed to prevent thyroid-related disorders and mental impairments in children. By making iodized salt widely available and promoting its use, the program seeks to eliminate the serious health consequences of iodine deficiency across the country.

152. (A) (i), (ii), (iv), and (v)
The ecology of malnutrition framework examines nutritional health as a multifaceted issue deeply rooted in the entire social and environmental context. It considers how agricultural systems, economic policies, and cultural traditions interact to influence what people eat and how they experience illness. This approach also recognizes the critical link between malnutrition and infection. Consequently, effective interventions must be multi-sectoral, addressing the diverse biological and social factors that together determine the nutritional status of a community.

153. (A) Thermal expansion of seawater and melting of glaciers and ice sheets.
Rising global temperatures contribute to an increase in sea levels through two primary physical processes. As the oceans warm, the water expands and takes up more space, a process known as thermal expansion. Additionally, higher temperatures cause the melting of ice sheets and glaciers on land, adding more water to the oceans. These environmental changes pose a significant threat to coastal communities and ecosystems worldwide. Understanding these mechanisms is essential for climate adaptation and disaster planning.

154. (A) Protecting consumers from risks of foodborne illness and injury.
Ensuring that food is safe for consumption is a primary goal of public health and food regulation. This involves managing and reducing the risks of illnesses caused by harmful microorganisms, chemical contaminants, or physical hazards in the food supply. While nutrition and affordability are also important, the concept of safety focuses strictly on preventing foodborne diseases and injuries. By enforcing strict standards throughout the food chain, communities can protect consumers and maintain a healthy and reliable food system.

155. (B) (B) A location built on a contaminated industrial site
Healthful housing involves more than just the structure itself; it also depends on a safe and suitable location. A home should provide essential features like natural light, sufficient ventilation, and access to clean water while protecting residents from noise and pollution. Choosing a site that is free from historical contamination is critical for preventing exposure to hazardous substances. By prioritizing these environmental factors, communities can ensure that housing supports the long-term physical and mental health of all occupants.

156. (A) P-3, Q-4, R-1, S-2
Effective sanitation relies on a series of barriers designed to prevent the spread of infectious agents. Primary barriers involve the safe collection and containment of waste at its source, while secondary barriers focus on the proper treatment and disposal of materials. Additional features like water seals help to control odors and insects, while the protection of water sources prevents contamination. By implementing these diverse barriers together, communities can create a comprehensive system that effectively interrupts the transmission of various waterborne diseases.

157. (A) Health equity
Public health policies often aim to reduce the systematic and unfair differences in health status between different groups of people. By providing additional resources to those who are most disadvantaged, these strategies seek to ensure that everyone has an equal opportunity to achieve optimal health. This focus on fairness and addressing the root causes of health disparities is a key part of promoting social justice. This approach recognizes that achieving health balance requires targeted efforts to overcome existing barriers.

158. (A) Vitamin A
Physical signs that appear during a medical examination can provide important clues about specific nutrient deficiencies in the diet. For example, the presence of specialized dry spots on the conjunctiva of the eye is a classic clinical

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indicator of an inadequate intake of Vitamin A. Identifying these signs early is essential for preventing more serious consequences, such as permanent ocular damage and blindness. Ensuring a balanced diet rich in this vitamin is a primary strategy for maintaining healthy vision.

159. (D) (i), (ii), (iii) and (iv)
National nutrition strategies in India utilize multiple platforms to reach vulnerable groups and address various deficiencies. These programs range from providing hot meals in schools to delivering a comprehensive package of health and nutritional services for young children and mothers. Other initiatives focus specifically on testing for and treating anemia through supplementation. Together, these diverse programs form a robust support system designed to improve the nutritional status and overall health of all citizens, especially those most at risk.

160. (B) Place it directly into a puncture-proof sharps container.
The safe disposal of used medical sharps is critical for preventing accidental injuries and the transmission of blood-borne pathogens. Items like needles must be placed immediately into specialized containers that are resistant to punctures and leaks. Bending or breaking needles before disposal is dangerous and not recommended as it increases the risk of injury. By following these strict protocols, healthcare facilities can ensure the safety of their staff and the general public during the entire waste management process.

161. (A) Both A and R are true and R is the correct explanation of A.
Food fortification is a powerful public health tool for reducing micronutrient deficiencies across entire populations. By adding essential vitamins and minerals to commonly consumed staple foods, this strategy can improve nutritional status without requiring people to change their existing eating habits. This makes it an effective and efficient way to reach large numbers of people who may not have access to a diverse diet. It is a key part of many global health and nutrition programs.

162. (A) The floor area per person or the number of persons per room.
Residential environments are evaluated for health standards based on the density of occupants within a living unit. Overcrowding is specifically measured by calculating the available floor space per individual or by counting the number of people sharing a single room. High density increases the risk of spreading communicable diseases and creates psychological stress. Monitoring these metrics is essential for maintaining minimum standards for healthful housing and ensuring that living environments provide a safe and restorative space for all.

163. (A) (A) Is mainly a protein deficiency and presents with edema.
Severe acute malnutrition can take different clinical forms depending on the primary nutrient lack involved. One major form results specifically from a critical deficiency in dietary protein, which leads to physical signs like fluid retention and swelling. This is distinct from other wasting diseases where the individual appears extremely thin due to a lack of both calories and protein. Understanding these differences is essential for healthcare providers to ensure accurate diagnosis and the appropriate medical and nutritional treatment.

164. (A) (A) A person's age
Social determinants of health include the broad conditions of life that influence a person's physical and mental well-being. Factors such as education, housing quality, and social support systems are key examples of these external influences. While age is an important biological factor that affects health risks, it is typically considered a demographic characteristic rather than a social or economic determinant. Understanding the role of these various factors is essential for developing comprehensive and effective public health strategies.

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165. (D) Statement I is incorrect but Statement II is incorrect.
While closely related, food security and nutrition security represent different levels of health and well-being. Food security focuses on ensuring consistent access to enough safe and nutritious food. Nutrition security is a broader concept that includes food access but also considers

factors like proper healthcare, clean water, and adequate care practices for vulnerable groups. By addressing both concepts together, communities can ensure that individuals not only have enough food but are also able to achieve optimal health.

166. (A) Harmonizing various food laws into a single comprehensive legislation.
India has worked to improve its food safety system by consolidating multiple older laws into one unified regulatory framework. This strategy simplifies the legal landscape and provides a consistent set of standards for all food businesses to follow. By creating a single reference point for food safety, the government can more effectively regulate the entire supply chain and protect consumers from health risks. This comprehensive approach is a key part of the modern regulatory environment.

167. (A) (i), (ii), (iii), and (iv)
The physical and social environment in which people live has a profound impact on their overall health. Poor quality housing and a lack of access to green spaces can lead to both psychological stress and physical illnesses. The built environment, including transportation systems and buildings, can also be a source of various contaminants. Furthermore, the design of neighborhoods influences lifestyle choices that contribute to chronic diseases like obesity. Addressing these diverse environmental factors is essential for promoting long-term health.

168. (B) Changes in temperature and rainfall patterns favoring the mosquito vector.
Shifts in the global climate are expanding the geographical range of various infectious diseases by creating more favorable conditions for their vectors. As temperatures rise and rainfall patterns change, new areas become suitable habitats for mosquitoes that carry illnesses like dengue and chikungunya. This expansion poses a significant public health challenge as populations in these regions may have little immunity to the new threats. Understanding these ecological changes is essential for developing effective disease monitoring and control strategies.

169. (A) To evaluate the food and nutrient intake of an individual or a group.
Assessing the nutritional status of a community involves using various tools to gather detailed data on eating habits. A dietary survey is specifically designed to evaluate the types and quantities of food consumed by people over a specific period. This information allows professionals to estimate actual nutrient intake and identify potential deficiencies or unhealthy patterns. It provides a detailed picture of the dietary factors that influence health, complementing other assessment methods like physical measurements or laboratory tests.

170. (A) Higher incidence of water-borne diseases
The lack of access to safe and reliable water is a major driver of various infectious illnesses within a community. Without adequate supplies for drinking and personal hygiene, people may be forced to use contaminated sources, leading to a higher risk of water-borne diseases like cholera and typhoid. These health challenges can significantly impact the well-being and productivity of a population. Consequently, providing clean water and effective sanitation systems is a fundamental priority for protecting public health.

171. (B) P-3, Q-4, R-1, S-2
Social determinants influence health through multiple pathways and over different life stages. This includes the stepwise relationship between socioeconomic status and health, as well as the unfair differences in outcomes seen between population groups. Strong social networks provide essential support during illness, and early childhood experiences can have long-lasting impacts on adult health. By understanding these diverse concepts together, public health professionals can develop more comprehensive strategies to promote health equity and improve the well-being of all people.

172. (D) Landfilling
The waste management hierarchy prioritizes strategies that minimize the creation of refuse and maximize the recovery of resources. Processes like reduction, reuse, and recycling are considered more environmentally sustainable options. However, when all other recovery methods have been exhausted, final disposal in a

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impacts on growth and development across different age groups. One major initiative focuses specifically on reducing the prevalence of iron deficiency and related conditions through a multifaceted approach. This includes providing supplements to children, adolescents, and women, along with promoting dietary diversification and improved infection control. By addressing this widespread deficiency, the program seeks to improve the overall health and productivity of the population and reduce maternal and child mortality.

188. (A) They form a vicious cycle where malnutrition lowers immunity, increasing susceptibility to infection.
Malnutrition and infectious diseases are deeply interconnected and often work together to worsen a person's health status. A lack of essential nutrients can weaken the immune system, making an individual more likely to contract an illness. At the same time, infections can increase nutrient needs and interfere with the body's ability to absorb food. This creates a dangerous cycle where each condition reinforces the other. Addressing both nutritional needs and infection control together is essential for improving long-term health.

189. (C) (i), (ii) and (iv) only
The primary regulatory authority for food safety in India is an autonomous body that oversees the entire food chain from production to final sale. Its main goal is to protect public health by establishing and enforcing science-based standards for food quality and labeling. While its mandate is broad, it focuses strictly on matters of food safety and regulation. By providing technical support and framing clear rules, the authority ensures that consumers are protected from health risks and that the food industry maintains high standards.

190. (A) Indoor air pollution
The use of solid fuels like wood or coal for cooking in poorly ventilated homes creates a significant health hazard. Incomplete combustion of these fuels releases harmful smoke and pollutants into the living space, directly affecting the health of the family. This indoor air pollution is a major risk factor for respiratory diseases and other serious health problems. Improving cooking technologies and ensuring better home ventilation are critical public health interventions for protecting people from the dangers of indoor smoke and improving overall well-being.

191. (A) Both A and R are true and R is the correct explanation of A.
The relationship between social position and physical well-being is often observed as a continuous trend throughout a population. People in lower socioeconomic groups generally experience poorer health and higher mortality rates due to various factors, including worse living conditions and more chronic stress. This social gradient demonstrates how advantages and risks accumulate based on a person's economic and social status. Addressing these underlying conditions is essential for reducing health inequities and improving the well-being of all segments of society.

192. (A) (A) Natural, untouched forests
The built environment encompasses all aspects of our surroundings that are created or modified by human activity. This includes homes, workplaces, and transportation systems, as well as parks and urban spaces. These human-made environments significantly influence our health by determining our opportunities for physical activity and our exposure to various risks. In contrast, untouched natural areas exist outside of this human-modified context. Understanding the impact of our built surroundings is essential for developing urban planning strategies that support and promote public health.

193. (B) Facilitate easy identification and segregation for appropriate treatment and disposal.
Managing hospital waste effectively relies on a standardized system of color-coded containers to ensure that different types of materials are handled and disposed of safely. This system allows healthcare workers to easily identify and separate hazardous refuse, such as infectious tissues or contaminated plastics, from general waste. Proper segregation ensures that each category receives the appropriate treatment, reducing the risk of accidental exposure and environmental contamination. Following these protocols is essential for protecting health and maintaining high safety standards in medical facilities.

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180. (A) Both Statement I and Statement II are correct.
Effective hospital waste management relies on a standardized system of color-coded containers to ensure that different types of refuse are treated appropriately. Blue containers are typically used for items like glass vials and metallic implants, while black containers are designated for general, non-infectious waste. Adhering to these segregation rules is essential for protecting healthcare workers and ensuring that hazardous materials are handled safely. This consistent system provides a robust framework for maintaining high safety standards in healthcare.

181. (B) Recent and severe weight loss, often due to acute starvation or disease.
Public health professionals use specific physical measurements to identify different forms of malnutrition in children. When a child's weight is significantly lower than expected for their height, it indicates a state of wasting. This condition is a sign of acute malnutrition, often resulting from a recent and severe lack of food or a serious illness. Identifying these cases quickly is essential, as wasting represents a high risk of mortality and requires immediate medical and nutritional support for recovery.

182. (A) (i), (iii), and (v)
Human eating habits are shaped by a complex interplay of cultural traditions, popular trends, and social bond-building. Food fads can create temporary enthusiasm for certain diets, while food taboos represent long-standing cultural or religious restrictions. The way food is shared within a community also plays a key role in reinforcing social connections. Understanding these diverse social and cultural factors is essential for health professionals to provide effective guidance that is respectful of the traditions and values of different populations.

183. (B) Disruption of agricultural production due to altered weather patterns.
Shifts in the global climate pose a significant threat to food security by altering the predictable weather patterns that agriculture relies on. Increased frequency of extreme events like floods and droughts can devastate crops and disrupt the production of essential food supplies. This instability leads to higher prices and reduced availability, directly impacting the nutritional status of populations worldwide. Addressing these climate-related risks is essential for ensuring long-term food security and protecting the health of communities from malnutrition.

184. (A) Health inequity
Disparities in health status between neighborhoods are often linked to differences in the social and physical environment. When people in wealthier areas enjoy better health outcomes than those in poorer, more polluted regions, it illustrates how the unequal distribution of resources and opportunities shapes physical well-being. These systematic and avoidable differences are considered unfair and represent a major challenge for public health. Addressing these inequities requires targeted efforts to improve living conditions and ensure that everyone has an equal opportunity.

185. (A) Break the cycle of fecal-oral disease transmission.
Providing effective facilities for the disposal of human waste is a fundamental public health intervention. The primary goal of a sanitary latrine is to safely contain excreta and prevent it from contaminating water and food supplies. By breaking the cycle of transmission, these systems protect the community from serious infectious diseases like cholera and typhoid. Consequently, investing in sanitation infrastructure is one of the most impactful ways to improve health outcomes and prevent the spread of water-borne illnesses.

186. (C) P-3, Q-1, R-4, S-2
Assessing nutritional health requires a combination of clinical, physical, and laboratory methods to identify various deficiencies. Physical measurements provide indicators of growth and wasting, while laboratory tests can measure the actual levels of nutrients in the body. Clinical examinations look for physical signs of deficiency, and dietary surveys evaluate actual food consumption patterns. Together, these integrated approaches provide a comprehensive and accurate picture of an individual's or community's nutritional status, allowing for more effective and targeted health interventions.

187. (C) Iron
National public health programs target specific micronutrient deficiencies that have broad

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can obtain a more accurate and comprehensive picture of a population's nutritional health.

201. (B) Health inequities
Disparities in health status between different groups of people are often linked to social and economic conditions that are systematic and avoidable. These differences are considered unfair because they result from the unequal distribution of resources, power, and opportunities within and between countries. Addressing these inequities is a major focus of international health policy and social justice efforts. By identifying and eliminating these unjust barriers, communities can ensure that everyone has an equal opportunity to achieve their highest possible level of health and well-being.

202. (D) Statement I is incorrect but Statement II is correct.
A person's economic status is a fundamental determinant that significantly influences their physical and mental health. Having a lower income can restrict a family's ability to purchase nutritious food and access quality healthcare services. These financial limitations often lead to poorer health outcomes compared to those with higher economic stability. Recognizing the link between income and health is essential for developing public policies that address the root causes of health disparities and promote greater equity within a population.

203. (B) Life-course approach to health
Human physical and mental well-being is shaped by the accumulation of experiences and environments from the earliest years of life through old age. This perspective suggests that events in early childhood can have long-lasting impacts on health outcomes in adulthood. Factors like education, income, and living conditions all play a key role in this process. By understanding health as a lifelong journey influenced by social and economic factors, communities can develop more effective policies that promote well-being at every stage of a person's life.

204. (B) P-2, Q-4, R-1, S-3
Social determinants influence health through distinct pathways that shape an individual's physical and mental well-being. Higher education improves health literacy, while stable employment provides the income needed for basic resources. The quality of the physical environment, including housing and air, directly impacts exposure to risks. Additionally, strong social networks provide essential support that buffers against the negative effects of stress. By addressing these diverse factors together, communities can develop more comprehensive strategies for improving public health and reducing existing health inequities.

205. (A) By denying individuals the resources and services needed for health and well-being.
Social exclusion occurs when certain groups are prevented from fully participating in society and accessing essential resources like quality education, stable employment, and healthcare. This denial of opportunity is a powerful social determinant that leads to poorer health outcomes and increased stress for the affected individuals. By identifying and addressing the systemic barriers that cause social exclusion, communities can promote greater health equity and ensure that everyone has the necessary support for a healthy and productive life in their community.

206. (A) Creating financial hardship, stress, and loss of social status.
A person's employment status is a key social determinant that shapes their physical and mental well-being throughout their life. Losing a job often leads to significant financial difficulties, which can restrict access to basic resources like nutritious food and housing. This situation also causes chronic stress and a loss of social status, further impacting overall health. Addressing these economic challenges is a key part of comprehensive public health strategies aimed at improving well-being and reducing the health inequities associated with unemployment.

207. (C) (ii), (iii) and (iv) only
Health outcomes are influenced by the conditions in which people live and work, as well as the broad economic and social forces that shape daily life. These determinants include policies, social norms, and political systems that determine the distribution of resources and opportunities. While healthcare services are also important, the environment and circumstances in which people experience life are the primary drivers of physical and mental well-being. By focusing on

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194. (A) A socio-cultural aspect of nutrition
Human eating habits are deeply influenced by the traditions and beliefs of a community, which often dictate which foods are considered appropriate or healthy. Some dietary practices are based on long-standing customs rather than scientific evidence. These cultural factors play a significant role in determining what people eat and how they experience nutritional health. Understanding these social aspects is essential for healthcare providers to provide guidance that is both effective and respectful of the values and beliefs of different populations in a community.

195. (D) Statement I is incorrect but Statement II is correct.
Modern waste management strategies prioritize actions that minimize the creation of refuse and maximize the recovery of resources. The waste hierarchy identifies reduction, reuse, and recycling as more sustainable options than final disposal. While landfills are still used for some materials, the goal is to reduce reliance on them as much as possible. By following these principles, communities can conserve energy and natural resources while protecting the environment from the negative impacts of excessive waste. This comprehensive approach is essential for long-term sustainability.

196. (A) Oral or parenteral administration of iron, along with a nutritious diet.
Managing severe iron deficiency requires a focused clinical approach to restore the body's essential mineral stores. This typically involves the administration of iron through tablets or other medical methods, combined with a diet that provides all necessary nutrients for recovery. This strategy directly addresses the primary cause of the condition and helps improve physical and cognitive well-being. By combining medical treatment with nutritional support, public health programs can effectively reduce the prevalence of anemia and improve long-term health outcomes for vulnerable groups.

197. (B) (ii) and (iv)
Health outcomes are shaped by the broad social and economic environments in which people live and work. These determinants include factors such as income level, education, and the quality of the physical environment. Health inequities arise when these resources and opportunities are distributed unequally between different groups. Understanding these social factors is essential for developing comprehensive public health policies that address the root causes of disease and promote equity. By focusing on these underlying conditions, communities can improve the well-being of all people.

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198. (A) Obtain adequate food, either through production, purchase, or aid.
Achieving food security depends on ensuring that every household has a reliable way to get the nutrition they need. The access dimension focuses on the ability of individuals to obtain sufficient food through various means, such as growing it themselves, buying it in a market, or receiving assistance. Without this economic and physical access, even a large national food supply cannot prevent hunger. By addressing the barriers that limit access, communities can protect their members from food insecurity and the consequences of malnutrition.

199. (A) Fecal contamination of drinking water sources
The lack of proper facilities for the disposal of human waste can lead to the contamination of local water supplies, creating a major pathway for infectious illnesses. This environmental factor is the most direct cause of water-borne diseases like cholera and typhoid within a community. Ensuring a safe and reliable water source that is protected from fecal pollution is a fundamental public health priority. By improving sanitation and water quality together, communities can significantly reduce the burden of these serious and preventable diseases.

200. (A) Anthropometric assessment
Public health workers use various physical measurements to evaluate the nutritional status and growth of individuals and communities. This method, which involves measuring body dimensions like height, weight, and circumference, provides essential indicators of both chronic and acute malnutrition. It is a practical and widely used approach for identifying health problems in both children and adults. By using these physical measures along with other assessment methods, health professionals

landfill is the ultimate and least preferred action. While modern landfills are engineered for safety, they do not recover resources and should be used as sparingly as possible in a sustainable waste management system.

173. (A) The National Food Security Act (NFSA)
India has established significant legislation to ensure that its citizens have access to adequate nutrition as a fundamental legal right. This specific act creates an entitlement for a large portion of the population to receive subsidized food grains through a nationwide system. By making food security a matter of legal obligation, the government aims to combat hunger and improve the nutritional status of vulnerable groups. This rights-based approach is a key part of the social welfare framework.

174. (C) Iodine
The presence of certain physical signs in a population can indicate widespread deficiencies in specific essential minerals. For instance, a high prevalence of enlarged thyroid glands is a classic indicator of an inadequate intake of iodine. This mineral is critical for the production of hormones that regulate growth and metabolism. To prevent these disorders on a population level, fortification of common salt with iodine is a widely used and effective public health strategy that ensures people receive the necessary amount.

175. (C) (i), (ii) and (iii) only
The physical surroundings created by humans significantly influence public health through various pathways. Neighborhoods designed for easy walking and proximity to parks promote more active lifestyles, while a lack of access to healthy food stores can negatively impact dietary choices. The quality of housing also plays a fundamental role in both physical and mental well-being. By prioritizing health in urban design and development, communities can create environments that support healthier behaviors and improve the long-term well-being of all residents.

176. (A) The release of sulfur dioxide and nitrogen oxides from burning fossil fuels.
Environmental quality is compromised when certain gases are released into the atmosphere from industrial activities and vehicle use. These substances can react with water and other chemicals to form acidic compounds that fall back to Earth as rain. This process, known as acid rain, can damage ecosystems, harm aquatic life, and affect human-made structures. Understanding the primary causes of this phenomenon is essential for developing effective air pollution control strategies and protecting both natural and built environments.

177. (A) Both A and R are true and R is the correct explanation of A.
A person's employment status is a fundamental social determinant that shapes their physical and mental health. Having a stable job provides not only the income needed for basic resources like food and housing but also essential social networks and a sense of purpose. In contrast, unemployment is often linked to significant financial stress and poorer mental health outcomes. Addressing these economic factors is a key part of comprehensive public health strategies aimed at improving well-being.

178. (A) Address the gap between the recommended dietary allowance and the average daily intake.
National social welfare initiatives in India deliver targeted support to improve the nutritional status of vulnerable groups like young children and mothers. One key component involves providing supplementary food that is designed to fill the gap between what people typically eat and what is needed for optimal health. This support is intended to complement, not replace, the regular diet. By focusing on these specific nutritional needs, the program seeks to build a stronger foundation for development.

179. (C) Education
A community's overall well-being is profoundly influenced by the level of knowledge and skills of its members. Higher literacy rates and better access to health information empower individuals to make informed decisions about their health and navigate the healthcare system more effectively. This social determinant also directly influences employment opportunities and income potential, which are key drivers of health outcomes. Consequently, investing in education is a powerful tool for reducing health inequities and improving long-term population well-being.

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these underlying conditions, communities can better understand and address the root causes of health inequities.

208. (A) Health is poorest at the bottom of the social ladder and improves with each step up.
The relationship between social standing and physical well-being is often observed as a continuous trend throughout a population. People with higher socioeconomic status generally experience superior health outcomes compared to those just below them on the social ladder. This stepwise improvement continues across all levels of wealth and education. This phenomenon highlights how social and economic advantages accumulate to provide better protection against disease. Addressing this gradient is essential for creating more effective and equitable public health strategies for everyone.

209. (A) Both A and R are true and R is the correct explanation of A.
Health inequities result from the unfair and systematic distribution of resources and opportunities within a society. These disparities are considered unjust because they are rooted in the social determinants of health, such as income, education, and power, which are within human control to change. By focusing on these underlying conditions, communities can address the root causes of health differences between different groups. This comprehensive approach is essential for promoting social justice and ensuring that everyone has an equal opportunity.

210. (A) Implementing universal pre-school education to improve long-term cognitive and health outcomes.
Public health strategies that focus on the early years of life are among the most effective for improving long-term health outcomes. By providing high-quality education and support during childhood, communities can build a stronger foundation for cognitive development and future well-being. This upstream intervention addresses a key social determinant and helps to reduce health inequities over the entire life course. By investing in these fundamental conditions, society can improve the overall health and productivity of the population and create a more equitable future.

211. (A) (A) A person's genetic sequence
Social determinants of health encompass the conditions of life that influence a person's physical and mental well-being. Factors such as education level, economic stability, and social support networks are key examples of these external influences. In contrast, biological characteristics like an individual's genetic makeup are inherited traits and do not fall under social or economic determinants. Understanding the difference between these various factors is essential for developing comprehensive public health strategies that address both the biological and social roots of health and disease.

212. (C) (i), (iii), and (iv)
Health is influenced by a wide range of social and economic factors that accumulate over a person's lifetime. The conditions of early childhood are a powerful predictor of adult physical and mental well-being. Chronic stress and a lack of access to safe housing are key social determinants that negatively impact health outcomes. While social support from family and friends provides important protection, individual choices are always shaped by the surrounding social context. By focusing on these multifaceted factors, communities can promote better and more equitable health.

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213. (B) Health literacy
The ability to understand and use health information is a fundamental skill that directly impacts a person's physical and mental well-being. This literacy allows individuals to make informed decisions about their care, navigate the healthcare system more effectively, and adopt healthier behaviors. It is a key social determinant that influences health outcomes throughout the life course. By promoting and improving this skill within a community, health professionals can ensure that everyone has the tools they need to maintain and improve their own health.

214. (A) A community's beliefs about the causes of illness, which affects their choice to seek medical care.
A community's cultural traditions and beliefs can significantly influence how its members understand health and illness. These values often determine when and where people seek medical help and which treatments they choose

action on social determinants. Policies in sectors like education and housing can have powerful impacts on health outcomes and help to reduce existing inequities. Factors such as race and ethnicity can also function as determinants due to their association with discrimination. Recognizing these diverse and interconnected influences is essential for developing effective and equitable public health strategies that address the root causes of disease.

242. (A) Valuing all individuals and populations equally and addressing avoidable inequalities.
Promoting health equity involves a fundamental commitment to social justice and the elimination of unfair differences in health status between groups. This requires recognizing that everyone has equal value and identifying the systemic barriers that prevent certain populations from achieving optimal well-being. By addressing these avoidable and unjust inequalities through targeted public policies, communities can ensure that all people have the same opportunity to achieve their highest possible level of health. This comprehensive approach is essential for creating a fairer and healthier society for everyone.

243. (A) Employment and working conditions
A person's job provides more than just an income; it also shapes their physical and mental health through various psychological pathways. The level of control an individual has over their work and life is a key psychosocial factor that influences health outcomes. High levels of job insecurity or a lack of autonomy can cause chronic stress and lead to poorer physical and mental well-being. Addressing these working conditions is an essential part of comprehensive public health strategies aimed at improving health and reducing inequities in the community.

244. (A) Education
A community's physical and mental well-being is profoundly influenced by the knowledge and skills of its members. Improving literacy rates empowers individuals to better understand health information and navigate the medical system effectively. This social determinant also directly influences employment opportunities and income potential, which are key drivers of health outcomes across the entire life course. Consequently, investing in education as an upstream intervention is a powerful tool for reducing health inequities and improving the overall health and productivity of the entire population.

245. (C) A person's inherited eye color
Social determinants of health include the broad conditions in which people live and work that shape their physical and mental well-being. Factors such as economic status, social networks, and access to healthy food are key examples of these external influences. In contrast, biological traits like eye color are inherited genetic characteristics and do not fall under social or economic determinants. Understanding the difference between these biological and social factors is essential for developing comprehensive public health strategies that address all the various roots of health and disease.

246. (D) Statement I is incorrect but Statement II is correct.
Health outcomes are influenced by a wide array of factors that exist far beyond the reach of clinical medical care alone. Effective action to address the social determinants of health requires collaboration across many different government departments and sectors, including education, housing, and transport. By working together, these various actors can create a more comprehensive and robust system for promoting physical and mental well-being and reducing health inequities. This intersectoral approach is essential for creating a society that supports and promotes health for everyone.

247. (A) Health inequity
Disparities in the prevalence of chronic diseases between different income groups are often rooted in the social and economic conditions that shape daily life. When people in lower-income positions experience poorer health outcomes than those in more affluent groups, it illustrates how the unequal distribution of resources and opportunities determines physical well-being. These systematic and avoidable differences are considered unfair and represent a major challenge for public health. Addressing these inequities through targeted social and economic policies is essential for achieving a healthier and fairer society.

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buffer individuals from the negative effects of chronic stress. These social connections also provide important opportunities for sharing health information and resources. By promoting and strengthening these support networks, communities can improve the overall well-being of their members and create a more resilient and healthy society for all.

222. (C) Implementing a policy to increase the minimum wage to reduce poverty.
Public health interventions that address the root causes of disease by changing broad social and economic conditions are often referred to as upstream strategies. An example of this is implementing policies aimed at reducing poverty, such as increasing the minimum wage. By improving financial stability for low-income groups, these actions address a primary social determinant and can lead to better health outcomes across the entire population. This approach focuses on creating systemic changes that prevent health problems before they ever occur.

223. (A) Social gradient of health
The consistent finding that physical well-being improves as a person's social and economic position rises is a fundamental concept in public health. This trend is observed across different occupations and income levels, with those in higher-status positions generally living longer and healthier lives. This relationship highlights how social advantages accumulate to provide better protection against disease and promote overall health. Addressing this gradient is essential for creating more equitable public health policies that ensure everyone has a fair chance to achieve optimal well-being.

224. (D) Altering an individual's genetic code.
A person's income level serves as a fundamental social determinant that shapes their health outcomes through various pathways. Higher income provides the economic means to purchase nutritious food, afford safe housing, and access quality education and healthcare. These advantages help to protect and promote health throughout a person's entire life. While economic status is a powerful influence, it does not physically change an individual's inherited genetic code. Understanding these social and economic pathways is essential for developing effective public health strategies.

225. (D) Statement I is incorrect but Statement II is correct.
Health outcomes are influenced by a complex interplay of individual choices and the broad circumstances in which people live and work. While personal behavior is important, these choices are always shaped and constrained by the social and economic context of a person's life. Factors like income, education, and the quality of the built environment determine the level of risk individuals face and their opportunities for healthy living. By focusing on these underlying conditions, communities can create environments that support and promote healthier behaviors for everyone.

226. (A) Socially constructed gender roles and power imbalances affect exposure to health risks and access to resources.
Gender serves as a powerful social determinant because of the way different societies define the roles and opportunities for men and women. These socially constructed differences often lead to power imbalances that affect access to essential resources like education, income, and healthcare. Gender roles can also influence exposure to various environmental and social health risks. By addressing these systemic inequalities, communities can promote greater health equity and ensure that everyone, regardless of their gender, has the opportunity to achieve their highest possible level of well-being.

227. (A) (i), (ii), (iii), and (iv)
Physical and mental well-being is influenced by a wide array of social, economic, and political factors that exist far beyond the healthcare system. Policies in sectors like education, housing, and labor can have profound impacts on population health outcomes. These conditions of life and work are the primary drivers of health and disease. Consequently, achieving a healthy society requires multi-sectoral action to address the social determinants and reduce existing inequities. This broad perspective is essential for promoting long-term and sustainable health for all people.

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228. (A) It can improve access to jobs, healthcare facilities, and healthy food retailers, especially for low-income groups.
Public transportation systems are a key part of the built environment that directly influences health by determining how people access essential resources. High-quality and affordable transit options can improve access to employment, healthcare, and nutritious food, especially for those in disadvantaged communities. This better connectivity helps to reduce social exclusion and promotes more active lifestyles. By investing in these infrastructure projects, cities can address a primary social determinant and work towards achieving greater health equity and improving the well-being of all residents.

229. (B) Education
A person's level of education is one of the most powerful and consistent predictors of their long-term physical and mental health. Higher education provides the knowledge and skills needed to make informed health decisions and navigate the medical system. It also directly influences employment opportunities and income potential, which are key drivers of health outcomes throughout the life course. By focusing on education as a primary social determinant, communities can improve the overall well-being of their population and reduce the health inequities associated with socioeconomic disadvantage.

230. (A) Income and economic stability
Achieving food security depends on ensuring that every individual has consistent and reliable access to a healthy diet. This dimension is most closely linked to a person's income and economic stability, as financial resources determine the ability to purchase nutritious food. These social and economic conditions are fundamental drivers of nutritional status and overall well-being. By addressing the barriers that limit economic access, communities can protect their members from food insecurity and the long-term health consequences of malnutrition and other related diseases.

231. (B) P-3, Q-1, R-4, S-2
Social determinants influence physical and mental well-being through multiple pathways and across different stages of life. This includes the stepwise relationship between socioeconomic status and health, as well as the unfair differences in outcomes seen between population groups. A life-course perspective emphasizes that health is shaped by the cumulative experiences of a lifetime. By focusing on health equity, communities can work towards achieving the highest possible level of well-being for all people through targeted actions on these fundamental social and economic conditions.

232. (B) Stress arising from job insecurity or social exclusion.
Human health is shaped by both physical surroundings and the psychological experiences created by social and economic conditions. Psychosocial factors, such as the chronic stress that results from job insecurity or being socially excluded, can have powerful and direct impacts on well-being. These stressors influence the body's physiological systems and can increase the risk of various diseases over time. Recognizing the role of these psychological experiences is essential for understanding the social determinants of health and developing comprehensive public health strategies for everyone.

233. (A) Upstream approach
Public health strategies that focus on the fundamental social and economic conditions that determine health are often referred to as upstream approaches. These interventions aim to prevent health problems by changing policies that affect factors like poverty, education, and housing quality. By addressing these root causes, communities can improve the health of the entire population and reduce existing inequities before they ever lead to illness. This proactive strategy is a key part of modern public health and emphasizes the importance of social and economic justice.

234. (B) (ii), (iii) and (iv) only
Disparities in health status between groups are often systematic, avoidable, and rooted in the unequal distribution of power and resources. These inequities are considered unjust because they result from human-made systems and policies that can be changed. Interventions that target these social determinants are essential for creating a more equitable and healthy society. By identifying and addressing the systemic barriers

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that lead to health differences, communities can ensure that everyone has an equal opportunity to achieve optimal physical and mental well-being.

235. (A) The physical environment as a social determinant
The condition of a person's immediate surroundings, such as the quality of their housing, is a powerful factor that directly influences their health. Damp living spaces with poor ventilation can encourage the growth of mold and facilitate the spread of respiratory infections. This situation illustrates how the physical environment, shaped by social and economic factors, acts as a primary determinant of physical well-being. By ensuring safe and healthful housing for all, communities can significantly reduce the burden of preventable infectious diseases and improve population health.

236. (A) Both A and R are true and R is the correct explanation of A.
The distribution of health and disease within a population follows a predictable pattern shaped by various social and economic forces. This stepwise relationship, where well-being improves as socioeconomic status rises, is driven by the unequal distribution of wealth, power, and essential resources. By focusing on these underlying conditions, public health professionals can better understand and address the root causes of health inequities. This comprehensive perspective is essential for creating policies that promote greater fairness and improve the overall health of everyone.

237. (A) Social determinants of health
Human eating habits and nutritional status are shaped by a complex interplay of cultural traditions, social structures, and economic conditions. These socio-cultural factors are a key part of the broader category of social determinants that influence health outcomes. Understanding how these social values and beliefs determine dietary patterns is essential for health professionals to develop effective and culturally sensitive nutrition programs. By addressing these social and cultural roots, communities can better promote healthy eating and improve the nutritional status and overall well-being of all populations.

238. (D) Statement I is incorrect but Statement II is correct.
Health outcomes are influenced by a wide array of both negative risks and positive resources within our social and economic environments. While factors like poverty and social exclusion can harm health, positive determinants like strong social networks and high education levels work to promote and protect well-being. These determinants provide individuals with the necessary support and skills to achieve optimal health. Recognizing the role of these diverse social factors is essential for developing comprehensive public health strategies that build on existing community strengths.

239. (A) A child living in a food desert develops nutritional deficiencies due to lack of access to fresh produce.
The physical and social environment in which people live significantly influences their dietary choices and long-term health outcomes. In areas with limited access to affordable and healthy food, residents may suffer from nutritional problems regardless of their individual choices. This scenario clearly illustrates how a social determinant, such as neighborhood infrastructure, directly shapes physical well-being. Addressing these systemic barriers through better urban planning and support for local food systems is a key strategy for improving public health and achieving greater health equity.

240. (A) Neighborhood and built environment
The quality of the physical surroundings in which people live and work is a fundamental social determinant that influences their overall health. This includes factors such as housing standards, neighborhood safety, and access to clean water and sanitation. These environmental conditions shape a person's risk of injury and disease and also impact their mental well-being. By prioritizing health in urban design and ensuring that all neighborhoods are safe and restorative, communities can improve the long-term physical and mental health outcomes of all their residents.

241. (B) (ii) and (iv)
Human health is influenced by a broad range of factors far beyond the healthcare system, and achieving well-being for all requires targeted

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272. (B) The spread of diseases like HIV and Hepatitis B through contaminated sharps.
Failing to manage hospital waste properly can lead to severe health consequences for both healthcare workers and the community. Contaminated sharps, such as needles, can cause injuries that transmit serious bloodborne pathogens. This mismanagement is a known factor in the spread of diseases like HIV and Hepatitis B and C, as well as the occurrence of nosocomial or hospital-acquired infections.

273. (D) Segregation of waste at the point of generation.
A systematic approach to managing hospital waste is essential to prevent environmental contamination and health risks. The process begins with the segregation of waste at the source or point of generation. This critical first step ensures that infectious materials and sharps are separated from general waste immediately. Proper segregation allows for the effective subsequent collection, treatment, and disposal of hazardous components.

274. (A) Neutralize hazardous and infectious components.
Hospital waste often contains hazardous and infectious components that must be neutralized before final disposal. Techniques such as autoclaving, incineration, and chemical disinfection are specifically employed for this purpose. These methods work to eliminate pathogens and hazardous materials, ensuring that the waste no longer poses a risk to public health or the environment during the final disposal process.

275. (C) Acquired within a hospital or healthcare setting.
The term "nosocomial infections" specifically describes infections that patients or healthcare workers acquire within a hospital or healthcare facility. These infections are often a consequence of poor waste management practices, such as the improper handling of contaminated sharps or infectious materials. Ensuring rigorous adherence to waste protocols is vital for preventing these outbreaks and protecting the health of the community.

276. (A) A complex interplay of various social, economic, and environmental factors.
The "ecology of malnutrition" is a framework that explains how malnutrition is more than just a lack of food. It results from a dynamic and complex interplay of biological determinants and various social, economic, and environmental factors. This model emphasizes that individual health outcomes are shaped by a web of interconnected influences at the household, community, and broad societal levels.

277. (D) By causing frequent infections that impair nutrient absorption.
Environmental conditions play a significant role in the development of malnutrition within a community. Lack of access to clean water and poor sanitation facilities often lead to frequent diarrheal diseases and infections. These health issues are problematic because they impair the body's ability to absorb essential nutrients. Consequently, even if food is available, these infections can exacerbate or cause malnutrition.

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278. (B) Food taboos that restrict the diet of pregnant women.
Socio-cultural factors, including traditional beliefs and social norms, significantly influence dietary habits. In many cultures, food taboos may restrict the consumption of specific nutrient-rich foods during certain life stages. For example, pregnant women might be prohibited from eating certain items, which can limit their intake of essential nutrients. This demonstrates how cultural practices can contribute to the ecology of malnutrition.

279. (C) Multi-sectoral and address a range of underlying causes.
Combating malnutrition effectively requires a strategy that moves beyond simply providing food supplements. Because the causes of malnutrition are rooted in a variety of social, economic, and environmental issues, interventions must be multi-sectoral. This means addressing underlying factors such as education, healthcare services, sanitation, and socioeconomic inequalities simultaneously to create sustainable improvements in the nutritional status of a given population.

248. (A) Be universal, but with a scale and intensity that is proportionate to the level of disadvantage.
The stepwise relationship between social standing and health outcomes suggests that public health interventions should reach everyone while also addressing specific needs. This approach involves providing universal services but ensuring that the level of support is increased for those who are most disadvantaged. By using this proportionate strategy, communities can more effectively reduce health inequities and ensure that all groups have a fair chance to achieve optimal well-being. This comprehensive perspective is essential for promoting long-term population health and social justice for all.

249. (A) Both A and R are true and R is the correct explanation of A.
The physical environment in which people experience life, including the quality of their housing and the safety of their neighborhoods, is a fundamental social determinant of health. These conditions are shaped by broad social and economic forces and have direct impacts on both physical and mental well-being. Factors such as access to clean water and exposure to various contaminants are essential components of these environmental influences. Addressing these physical conditions through better urban planning and design is a key part of promoting and protecting public health.

250. (A) Non-medical conditions of life influencing health, functioning, and quality-of-life outcomes
Public health outcomes are shaped by a wide range of factors that exist far beyond the scope of clinical medical care. These include the social, economic, and physical environments in which people live and work throughout their entire life course. Such determinants significantly influence a person's ability to maintain physical and mental well-being and access essential resources. Understanding these non-medical influences is essential for creating effective and equitable policies that address the root causes of disease and improve health for all segments of society.

251. (B) By contaminating water sources and facilitating disease transmission.
Inadequate sanitation facilities allow human waste and wastewater to enter ground and surface water systems directly. This process leads to the contamination of clean water sources, which creates a significant risk for the spread of waterborne pathogens. Consequently, the fecal-oral route of disease transmission is maintained, resulting in recurring infections within the population.

252. (A) Combining the management of safe water supply with effective sanitation infrastructure.
Improving public health effectively requires an integrated strategy that moves beyond providing clean water alone. A comprehensive approach must manage the distribution of safe water supplies while simultaneously establishing robust sanitation infrastructure. This synergy is necessary to handle human waste properly, thereby preventing the continuous contamination of local water sources and improving well-being.

253. (C) The interruption of the fecal-oral route of disease transmission.
Providing safe and clean water is a fundamental step in preventing diseases, but its effectiveness is maximized by advancements in sanitation. Sanitation processes involve the safe disposal of human waste to disrupt the fecal-oral route. Breaking this specific pathway is essential for preventing the contamination of water and ensuring the long-term health of communities.

254. (D) A negative effect on economic productivity.
The presence of robust water and sanitation systems extends its benefits beyond basic physiological health. By reducing the overall incidence of morbidity and mortality related to diarrheal diseases, these systems significantly lower healthcare costs for families. This reduction in illness and associated recovery time ultimately leads to enhanced economic productivity and dignity within the entire community.

255. (C) The cycle of contamination and reinfection.
Waterborne diseases often persist in certain communities because of the continuous transfer of pathogens through environmental sources. Inadequate sanitation facilities cause human waste to repeatedly pollute ground and surface water. This creates a vicious cycle where individuals are constantly exposed to infections and reinfections, highlighting the critical need

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for integrated water and waste management systems.

256. (B) The development of various respiratory ailments.
Air pollution originates from various sources, including industrial emissions, vehicular exhaust, and the combustion of domestic fuels. These pollutants release particulate matter and noxious gases into the atmosphere. Once inhaled, these substances penetrate the respiratory system, leading to inflammatory conditions. This results in various respiratory ailments such as chronic bronchitis, asthma, and in severe cases, lung cancer.

257. (D) Water pollution leading to developmental problems.
Water pollution introduces chemical and biological contaminants into the public water supply through industrial discharge and agricultural runoff. While this affects everyone, children are particularly vulnerable to the resulting health impacts. Ingesting contaminated water can lead to serious gastrointestinal diseases and neurological disorders. Furthermore, these toxins can cause significant and long-term developmental problems in young growing bodies.

258. (A) The contamination of soil entering the food chain.
Soil contamination occurs when heavy metals and pesticides are introduced into the ground through industrial or agricultural activities. These harmful substances can eventually enter the human food chain when crops are grown in contaminated earth. Over time, these toxins accumulate within the body through a process known as bioaccumulation, leading to severe chronic toxicity and health issues.

259. (C) The health effects of pollution are a critical public health issue, not just an ecological one.
Environmental pollution is often viewed through an ecological lens, yet it has profound implications for human health. The text emphasizes that addressing different forms of pollution is a critical public health imperative. This transition in perspective is necessary because the cumulative impacts on vulnerable populations require stringent regulatory frameworks and technological interventions to ensure overall human well-being.

260. (A) The control of industrial and vehicular air emissions.
Chronic bronchitis and asthma are primary respiratory conditions caused by the inhalation of particulate matter and toxic gases. These pollutants are largely produced by industrial emissions and the exhaust from motor vehicles. Therefore, public health policies are most effective when they prioritize the control and regulation of these specific air emissions to protect the respiratory health of citizens.

261. (D) A higher incidence of respiratory infections.
The physical conditions of a housing unit directly impact the health of its inhabitants. Inadequate housing often involves issues such as structural instability, dampness, and overcrowding. These specific factors contribute significantly to a higher incidence of allergic reactions and respiratory infections. Such environments create poor air quality and facilitate the spread of pathogens among residents living in close proximity.

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262. (B) Designing environments that encourage physical activity.
Urban planning serves as a public health tool by shaping the physical landscape to influence human behavior. Designing cities with accessible green spaces and pedestrian-friendly infrastructure promotes active transport methods like walking and cycling. These design choices encourage physical activity among residents, which is vital for reducing the prevalence of non-communicable diseases like obesity and diabetes.

263. (C) Enhancement of physical and mental well-being.
Integrating green spaces into urban design provides a structural context that supports healthy living for the community. These areas offer residents opportunities for recreation and relaxation, which are essential for physical health. Furthermore, access to natural environments is known to reduce mental stress and enhance overall mental well-being, demonstrating the importance of the built environment in health.

264. (D) Structural and spatial contexts can enable or constrain healthy living.
The relationship between the built environment and public health focuses on how man-made structures influence lifestyle. The spatial and structural contexts of neighborhoods and housing can either enable or constrain the ability of individuals to live healthy lives. This perspective shifts the focus from individual behavior to the broader environmental factors that determine the health outcomes of the population.

265. (A) The prevalence of non-communicable diseases like obesity.
Dedicated cycling lanes and pedestrian-friendly sidewalks are infrastructure improvements that promote active transport. By making walking and cycling safer and more accessible, urban planners encourage residents to engage in regular physical activity. This structural change directly addresses the rising prevalence of non-communicable diseases, such as obesity, which are often caused by sedentary lifestyles and poor urban design.

266. (B) A surge in heat-related illnesses and mortality.
Rising global temperatures result in more frequent and intense heatwaves across various regions. These extreme weather events directly impact human health by causing a surge in heat-related illnesses. Specific conditions like heat stroke and cardiovascular stress become more common, leading to higher mortality rates. This demonstrates how environmental alterations caused by climate change translate into immediate health risks for populations.

267. (B) Altering the geographic range of disease-carrying vectors.
Climate change significantly alters established temperature and precipitation patterns, which impacts the environment of various insects. These changes allow mosquitoes and ticks to expand their geographic range and seasonality into previously unaffected regions. As these disease-carrying vectors move into new areas, they expose new populations to vector-borne diseases such as malaria, dengue, and Lyme disease, escalating health threats.

268. (A) Disproportionately severe for vulnerable communities.
The health impacts resulting from climate change are not distributed evenly across all global populations. While everyone faces risks, the consequences are disproportionately severe for vulnerable communities. These groups often have a limited capacity to adapt to environmental changes and lack the resources to manage health shocks. Consequently, mitigating climate change is essential for protecting those most at risk.

269. (C) By causing extreme weather that destroys crops and contaminates water.
Extreme weather events like droughts and floods are becoming more common due to climate change. These events have the power to destroy entire crops, leading to widespread malnutrition and food insecurity. Additionally, floods often contaminate water supplies with various pathogens. This contamination results in an increase in waterborne illnesses, illustrating how climate change jeopardizes both food and water security.

270. (D) Building health systems that are resilient to climate-related shocks.
Addressing the multifaceted health risks of climate change requires a strategic approach beyond just reducing emissions. Public health authorities must focus on developing climate-resilient health systems. These systems are designed to withstand and adapt to climate-related shocks, such as extreme weather and shifting disease patterns. This resilience is an urgent priority for safeguarding human health in the current century.

271. (C) Its higher potential for containing infectious materials and sharps.
Hospital waste is considered a specialized and high-risk subset of general waste. Unlike typical municipal refuse, it contains potentially infectious materials, sharp objects, chemicals, and pharmaceuticals. These hazardous components pose a significantly higher threat to the health of patients, healthcare workers, and the general public. Therefore, it requires a much more stringent and systematic approach to management and disposal.

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to follow. This cultural context is a powerful social determinant that shapes health behaviors and outcomes. Understanding these diverse influences is essential for healthcare providers to offer guidance that is both effective and respectful of the traditions and values of different populations in a community for all.

215. (A) Health improves as social position rises.
The relationship between social standing and physical well-being is often observed as a continuous trend throughout a population. People with higher socioeconomic status, including better education and higher income, generally experience superior health outcomes compared to those just below them. This stepwise improvement continues across all levels of society, from the most disadvantaged to the most affluent. This social gradient highlights how economic and social advantages accumulate to provide better protection against disease and promote long-term health for all members.

216. (D) Statement I is incorrect but Statement II is correct.
Health inequities and the relationship between social standing and physical well-being are fundamental issues observed in all societies worldwide. Regardless of a country's level of economic development, differences in health status are consistently linked to a person's social and economic position. This phenomenon is a major challenge for public health and requires targeted efforts to address the underlying determinants. By focusing on these systemic inequalities, communities can work towards achieving greater health equity and improving the well-being of all groups.

217. (C) Employment and working conditions
A person's job and the circumstances under which they work are fundamental social determinants of their physical and mental health. Stable employment provides the income needed for basic resources like food and housing, while job security reduces the chronic stress associated with economic instability. Policies that focus on improving these conditions can have a powerful impact on population health outcomes. By addressing these economic factors, communities can reduce the health inequities that are often linked to unemployment and precarious work.

218. (A) Eliminating health disparities that are systematic and unjust.
Focusing on health equity involves identifying and addressing the unfair differences in health status that result from social and economic conditions within human control. These inequities are considered unjust because they arise from the unequal distribution of resources, power, and opportunities. By eliminating these systemic barriers, communities can ensure that everyone has an equal opportunity to achieve optimal health. This comprehensive approach is a key part of promoting social justice and improving the overall well-being of all segments of society.

219. (C) (i), (ii) and (iii) only
A person's level of education serves as a fundamental social determinant that shapes their physical and mental health over their entire life. Higher education is often linked to better employment opportunities and income, which provide access to essential resources. It also improves health literacy and the ability to navigate the healthcare system effectively. While the benefits of education are powerful, they are not limited to the individual; they also have positive impacts on families and the broader community's overall health.

220. (B) Intersectionality
Human health is shaped by the complex interplay of various social categorizations, such as race, gender, and socioeconomic status. These factors can work together to create overlapping systems of disadvantage that uniquely affect an individual's physical and mental well-being. This perspective helps public health professionals understand the diverse challenges faced by different groups within a population. By recognizing these interconnected influences, communities can develop more effective and targeted strategies to promote health equity and address the root causes of systemic health disparities.

221. (A) Both A and R are true and R is the correct explanation of A.
Strong social networks are considered a positive determinant that directly influences a person's physical and mental health. Having supportive relationships with family and friends provides emotional and practical assistance, which can

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280. (D) Social and environmental problem.
The ecological paradigm suggests that malnutrition should be viewed as more than a medical condition. It is fundamentally a social and environmental problem that arises from a complex web of interconnected factors. Recognizing this perspective is crucial for developing interventions that address the structural and spatial contexts, such as poverty and poor sanitation, which collectively perpetuate the state of malnutrition.

281. (A) Anthropometric assessment.
Anthropometric assessment is a common method used to determine nutritional status by measuring the physical dimensions of the human body. These measurements typically include height, weight, body mass index, and mid-upper arm circumference. This method is favored in public health because it is non-invasive and simple to perform, helping to detect conditions like wasting, stunting, and obesity in populations.

282. (B) They can identify nutrient deficiencies before clinical signs appear.
Biochemical assessment involves the laboratory analysis of biological samples like blood or urine to measure specific nutrient levels. A primary advantage of this method is its ability to provide a precise and objective evaluation. It can detect nutrient deficiencies or excesses within the body well before any visible clinical signs of malnutrition appear, allowing for earlier and more effective health interventions.

283. (B) A clinical assessment.
A clinical assessment is conducted by a trained professional who performs a physical examination to find visible signs of malnutrition. The professional looks for specific physical indicators such as skin lesions, hair changes, or edema. This method is an essential part of a comprehensive nutritional evaluation, as it identifies the outward physiological manifestations of nutrient deficiencies that have already developed.

284. (A) Integrating information from multiple assessment methods.
Public health professionals achieve a holistic and accurate picture of nutritional health by using a comprehensive assessment approach. This involves integrating data from four main areas: anthropometric measurements, biochemical laboratory tests, clinical physical examinations, and dietary intake surveys. By combining these different methods, health workers can identify malnutrition more effectively and design targeted interventions to monitor and improve community well-being.

285. (C) Dietary assessment methods.
Dietary assessment methods are used to evaluate the quantity and quality of the food an individual consumes. Common techniques in this category include food frequency questionnaires and 24-hour recalls, where individuals report their recent food intake. These tools help public health researchers understand dietary patterns and nutrient consumption, which is critical for identifying potential deficiencies or imbalances in a population.

286. (D) The ability of people to obtain appropriate and nutritious food.
Within the framework of food security, the dimension of “access” refers to the ability of individuals and households to obtain appropriate foods for a nutritious diet. This means that people must have sufficient resources, such as income or production capabilities, to acquire the food they need. Access ensures that food is not only available in the market but also reachable for everyone.

287. (C) Nutrition security additionally incorporates the elements of care and a healthy environment.
Nutrition security is a broader concept that builds upon the foundations of food security. While food security focuses on the availability, access, and utilization of food, nutrition security adds critical dimensions. It emphasizes the provision of care and the maintenance of a healthy environment. These additional factors are necessary to ensure that individuals can achieve true and lasting nutritional well-being.

288. (B) Access to potable water and adequate sanitation.
The proper biological utilization of food by the body is a key pillar of food security. Beyond consuming a diet that provides sufficient energy and essential nutrients, utilization requires other environmental supports. Specifically, individuals must have access to potable water and adequate

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sanitation. These elements are necessary to prevent infections and ensure that the body can effectively absorb and use nutrients.

289. (D) Establish a rights-based framework to ensure access to food.
Legislations concerning food security are designed to establish a rights-based framework rather than a simple welfare approach. The primary goal of these laws is to create a legal right to food and set up mechanisms for its fulfillment. By doing so, governments can ensure that all citizens, especially the most marginalized, have reliable and consistent access to safe and nutritious food.

290. (A) Access.
A Public Distribution System is a mechanism used by governments to provide food directly to the population, often targeting vulnerable groups. By distributing food grains and essential items, this program ensures that people have the resources needed to obtain food. Therefore, it directly addresses the "access" dimension of food security, ensuring that food is reachable for those with limited resources.

291. (C) Vulnerable groups like pregnant women and young children.
National nutrition programs are large-scale public health strategies designed to improve the nutritional status of a country. These interventions are specifically targeted at the most vulnerable segments of the population. This typically includes infants, young children, and pregnant or lactating women. By focusing on these high-risk groups, the programs aim to combat malnutrition where its impact is often most severe.

292. (A) They can significantly influence the acceptance and effectiveness of interventions.
Socio-cultural aspects, such as dietary habits and cultural beliefs, are deeply intertwined with nutrition. In national programs, these factors play a critical role in determining whether an intervention is accepted by the community. If a program ignores local customs or food taboos, it may fail to achieve its goals. Therefore, understanding cultural norms is essential for ensuring the overall effectiveness.

293. (D) The food is culturally unacceptable to the target community.
Even if a nutrition program provides a high-quality, nutrient-dense supplement, its success is not guaranteed. If the provided food is culturally unacceptable or if local traditions prohibit its use by the target group, the community may reject it. This highlights how cultural sensitivity is just as important as the nutritional content and logistical efficiency of an intervention for achieving success.

294. (B) Integrate an understanding of local cultural practices.
To maximize the impact of nutritional interventions, designers must bridge the gap between scientific recommendations and traditional practices. This is achieved by integrating an understanding of local cultural practices and social norms into the program's design. By being culturally sensitive, programs can ensure higher acceptance rates and better adherence to nutritional advice among the vulnerable populations they are meant to serve.

295. (C) Bridging the gap between scientific advice and cultural practices.
Behavior change communication is a strategic tool used in nutrition programs to promote optimal health practices. It works by integrating scientific advice with an understanding of local customs and social norms. By engaging the community and communicating effectively, this approach helps bridge the gap between traditional practices and modern nutrition science, ultimately leading to improved nutritional outcomes for the target population.

296. (D) To ensure that food does not cause harm to the consumer.
Food safety is a fundamental concern that spans the entire food supply chain, from production to consumption. Its primary objective is to ensure that food does not cause any harm to the consumer. By preventing contamination from pathogens or toxins, food safety practices protect public health and ensure that the food available for people to eat is safe and reliable.

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297. (A) Scientifically-based criteria for food quality and composition.
Food standards are essential components of a food safety system, providing scientifically-based criteria for food products. These standards define the acceptable quality and composition of food, setting specific limits for additives, contaminants, and microbial levels. By establishing these clear benchmarks, regulatory authorities can ensure that all food items meet a consistent level of safety and quality before reaching the consumer.

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298. (B) Enforce established standards for food quality and hygiene.
Legislation regarding food safety provides government agencies with the legal authority to protect the public. These laws allow agencies to enforce established standards for food quality, hygiene, and labeling. By mandating practices like traceability and hygiene protocols, the government can ensure the integrity of the food supply. This enforcement is critical for minimizing risks and preventing outbreaks of foodborne illnesses.

299. (B) Food safety and standards.
When a food product is found to contain harmful chemical contaminants, a recall is often issued to protect consumers. This action is a direct application of the principles of food safety and standards. These frameworks establish limits for contaminants and provide the regulatory authority to remove dangerous products from the market, ensuring that the integrity of the food supply is maintained.

300. (A) Building confidence in the integrity of the food supply.
Robust food safety legislation offers significant benefits to the public beyond direct health protection. By creating a transparent and regulated system, these laws build consumer confidence in the integrity and safety of the food supply. When consumers trust that their food is safe and of high quality, it facilitates fair trade practices and supports the overall stability of the food system.

17. Which of the following best represents a natural method of contraception?
(A) Diaphragm
(B) Coitus interruptus (withdrawal)
(C) Spermicide
(D) Centchroman

18. What is a key purpose of the MTP Act, 1971?
(A) To regulate abortion to reduce maternal mortality from unsafe procedures.
(B) To promote abortion as the primary method of national family planning.
(C) To completely ban the medical practice of termination of pregnancy.
(D) To allow abortion only in cases of immediately saving the mother's life.

19. Which demographic indicator is calculated as the average number of children a woman would have if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year?
(A) General Fertility Rate (GFR)
(B) Crude Birth Rate (CBR)
(C) Total Fertility Rate (TFR)
(D) Net Reproduction Rate (NRR)

20. Consider the following key provisions under the PC & PNDT Act, 1994:
(a) Regulation of genetic counseling centers and ultrasound clinics.
(b) Prohibition of sex-selective advertising.
(c) Compulsory registration of all bodies that use pre-natal diagnostic techniques.
(d) Mandatory sterilization after two children.
Which of the above statements are correct?
(A) (a) and (c) only
(B) (a), (b), and (c)
(C) (b), (c), and (d)
(D) (a), (b), (c), and (d)

21. A "cafeteria approach" in the National Family Welfare Program implies:
(A) Focusing solely on providing nutritional support.
(B) Setting strict targets for each contraceptive method.
(C) Offering a wide range of contraceptive choices to individuals.
(D) A one-size-fits-all program design.

22. In the definition of 'Reproductive Health' established by the International Conference on Population and Development (ICPD), which aspect is NOT explicitly included in its core definition?
(A) A state of complete physical, mental and social well-being.
(B) Guaranteed employment for all women of reproductive age.
(C) The capability to reproduce and the freedom to decide if, when and how often to do so.
(D) People's ability to have a satisfying and safe sex life.

23. The shift from 'Family Planning Program' to 'Family Welfare Program' in India signified:
(A) A narrowing of focus to only basic birth control methods.
(B) The complete discontinuation of all contraceptive services.
(C) A program managed entirely by outside international agencies.
(D) A broader approach integrating health and nutrition services.

24. Which of the following is a major health problem commonly faced by adolescents in India, addressed under adolescent health programs?
(A) Nutritional anaemia
(B) Alzheimer's disease
(C) Osteoporosis
(D) Cataracts

25. Consider the following statements about safe motherhood:
(a) It encompasses healthcare during pregnancy, childbirth, and the postpartum period.
(b) It aims to reduce maternal mortality and morbidity.
(c) It excludes care for the newborn.
(d) Antenatal care is a critical component.
(e) It is solely the responsibility of the family, not the state.
Which combination of statements is correct?
(A) (a), (b), and (d)
(B) (a), (c), and (e)
(C) (b), (d), and (e)
(D) (c), (d), and (e)

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(B) India has a large proportion of young population.
(C) Population distribution across the states is highly uneven.
(D) India is in the third stage of the demographic transition.

9. The initial approach of the National Family Welfare Program in India was primarily based on:
(A) A target-free approach focused on client needs.
(B) A cafeteria approach offering a wide range of choices.
(C) A clinical approach focused on sterilization.
(D) A social marketing approach using commercial channels.

10. Match the contraceptive method in List I with its category in List II.
List I: (Method)
P. Condom
Q. Oral Pills
R. Tubectomy
S. Copper-T
List II: (Category)
1. Hormonal Method
2. Barrier Method
3. Intrauterine Device
4. Permanent Method
Choose the correct code:
(A) P-2, Q-1, R-4, S-3
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-3, R-1, S-4
(D) P-4, Q-1, R-2, S-3

11. What is the primary objective of 'Social Marketing' in family planning?
(A) To provide free contraceptives to all citizens through public centers.
(B) To enforce strict family planning norms through government legislation.
(C) To conduct research on the long-term social impacts of population growth.
(D) To use commercial techniques to promote health and distribute products.

12. In the context of family planning, what does 'felt need' signify?
(A) The government's assessment of the contraceptive needs of the population.
(B) The demand for contraception that an individual recognizes and acts upon.
(C) The number of people who need contraception but are not currently using it.
(D) The need for family planning services as perceived by healthcare providers.

13. Which of the following is a key component of counseling in Family Planning?
(A) Mandating a specific contraceptive method for the client based on age.
(B) Providing biased information to promote a particular commercial product.
(C) Helping clients make informed and voluntary decisions about their health.
(D) Focusing only on the medical side effects of specific oral contraceptives.

14. The Medical Termination of Pregnancy (MTP) Act was first passed in India in which year?
(A) 1961
(B) 1981
(C) 1994
(D) 1971

15. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : The Pre-conception and Pre-natal Diagnostic Techniques (PC & PNDT) Act, 1994, was enacted to combat the declining child sex ratio in India.
Reason (R) : The act makes it illegal for medical professionals to determine or disclose the sex of a foetus.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

16. One of the major social issues related to family planning in India is 'son preference'. What is its most direct demographic consequence?
(A) Lower overall fertility rates.
(B) A skewed sex ratio at birth.
(C) Higher rates of female literacy.
(D) Increased spacing between births.

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R. Rashtriya Kishor Swasthya Karyakram (RKSK)
S. Universal Immunization Programme (UIP)
List II: (Target Group)
1. Children from birth to 18 years
2. Adolescents (10-19 years)
3. Pregnant women and sick newborns
4. Infants and pregnant women
Choose the correct code:
(A) P-1, Q-2, R-4, S-3
(B) P-3, Q-1, R-2, S-4
(C) P-4, Q-3, R-1, S-2
(D) P-2, Q-4, R-3, S-1

36. Which of the following best represents 'Safe Motherhood'?
(A) A program ensuring that all women deliver babies via cesarean section.
(B) A policy that provides financial incentives for having only one child.
(C) A legal framework that only permits hospital deliveries.
(D) Ensuring women receive healthy care through childbirth.

37. A significant gender-related barrier for women accessing healthcare services in India is:
(A) Lack of hospitals in the country.
(B) Over-availability of female doctors.
(C) Lack of decision-making power and mobility restrictions.
(D) A government ban on women seeking healthcare without a male escort.

38. Which condition, a major health problem for children in India, is primarily caused by a deficiency of Vitamin A?
(A) Scurvy
(B) Xerophthalmia
(C) Rickets
(D) Pellagra

39. The Kishori Shakti Yojana is a scheme designed for:
(A) Providing loans to elderly women.
(B) Promoting sports among young boys.
(C) Offering pensions to widows.
(D) The empowerment and health improvement of adolescent girls.

40. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : The evolution of Maternal and Child Health (MCH) to Reproductive and Child Health (RCH) represents a shift from a targeted to a holistic approach.
Reason (R) : The RCH program incorporates the health needs of the mother and child, and also includes elements like adolescent health, and prevention of RTIs/STIs, which were not the primary focus of the earlier MCH program.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

41. Which of the following is NOT a right of the child as per the UN Convention on the Rights of the Child (UNCRC)?
(A) Right to life, survival, and development
(B) Right to protection from abuse and exploitation
(C) Right to unrestricted and unsupervised internet access
(D) Right to participation in decisions affecting them

42. A key activity under the School Health Programme is regular health screening. What is its main purpose?
(A) Early detection of health problems, defects, and diseases.
(B) To select students for the school sports team.
(C) To grade students based on their physical fitness.
(D) To collect data for a national census.

43. Which of the following is a component of 'Essential Newborn Care'?
(A) Applying traditional herbs to the umbilical stump.
(B) Separating the baby from the mother for the first 24 hours.
(C) Feeding the baby honey or sugared water as the first feed.
(D) Delaying cord clamping for a few minutes.

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26. The evolution of Maternal and Child Health (MCH) programs into Reproductive and Child Health (RCH) programs marked a significant paradigm shift. What was the most important aspect of this shift?
(A) Adopting a life-cycle approach including adolescent health and men.
(B) Focusing exclusively on nationwide child immunization efforts.
(C) Limiting clinical services to married women and mothers only.
(D) Shifting from a public health model to a private insurance model.

27. 'Essential Newborn Care' includes all of the following practices immediately after birth EXCEPT:
(A) Providing warmth to prevent hypothermia.
(B) Initiating breastfeeding within the first hour.
(C) Ensuring a clean umbilical cord cutting and care.
(D) Giving the baby a full bath with soap and water.

28. The Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission. Its primary objective is:
(A) To reduce maternal and neonatal mortality by promoting institutional delivery.
(B) To provide free nutritional supplements to all pregnant women.
(C) To provide free education to the first girl child.
(D) To ensure 100% coverage of contraceptive use.

29. A significant gender issue in women's health in India is the 'dual burden'. What does this refer to?
(A) The dual obligation of acting as both a mother and a daughter.
(B) The biological stress associated with menstruation and childbirth.
(C) The strain of balancing household labor with professional employment.
(D) The health impact of facing infectious and chronic diseases.

30. Which of the following is a major cause of infant mortality in India?
(A) Substance abuse issues.
(B) Adolescence accidents.
(C) Old age-related diseases.
(D) Preterm birth complications.

31. The Integrated Child Development Services (ICDS) is a flagship program addressing child health. Which of the following is NOT a service provided at the Anganwadi Centre under ICDS?
(A) Formal primary school education
(B) Supplementary nutrition
(C) Health check-ups and referral services
(D) Pre-school non-formal education

32. The 'Rashtriya Kishor Swasthya Karyakram' (RKSK) is an adolescent health program. Which of the following is a key priority area for RKSK?
(A) Pension plans for adolescents.
(B) Prevention of substance misuse.
(C) Providing housing loans.
(D) Issuing driving licenses.

33. The concept of 'Rights of the Child', as defined by the UN Convention, is based on four core principles. Which of the following is one of these core principles?
(A) The right to vote in local and national elections.
(B) Considering the best interests of the child as primary.
(C) The right to own property independently from parents.
(D) The right to refuse all forms of formal education.

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34. What is the primary focus of the School Health Programme?
(A) To promote student well-being through preventive services.
(B) To provide specialized vocational training to high schoolers.
(C) To conduct standardized annual academic examinations.
(D) To manage the daily administrative functions of the school.

35. Match the National Health Program in List I with its primary target group in List II.
List I: (Program)
P. Janani Shishu Suraksha Karyakram (JSSK)
Q. Rashtriya Bal Swasthya Karyakram (RBSK)

CHAPTER 07
Demography, Family Welfare and RCH

1. Which of the following is the most accurate definition of demography?
(A) The study of human economic activities and their distribution.
(B) The scientific study of human populations, including their size, structure, distribution, and changes.
(C) The analysis of political systems and their impact on social welfare.
(D) The historical account of human migration patterns.

2. The Crude Birth Rate (CBR) is an important demographic indicator defined as:
(A) The number of live births per 1,000 mid-year population in a given year.
(B) The number of live births per 1,000 women in the reproductive age group in a given year.
(C) The total number of births in a year, divided by the number of women.
(D) The number of births minus the number of deaths per 1,000 population.

3. Which statement best describes the 'high stationary' phase (Stage 1) of the demographic cycle?
(A) Low birth rate and low death rate, leading to stable population growth.
(B) High birth rate and low death rate, leading to rapid population explosion.
(C) High birth rate and high death rate, resulting in very slow or no population growth.
(D) Low birth rate and high death rate, leading to a population decline.

4. What does 'population composition' primarily refer to?
(A) The total number of individuals residing in a specific geographic territory.
(B) The spatial arrangement of individuals across a defined geographical area.
(C) The movement of people between different regional and local environments.
(D) The measurable demographic characteristics of a population like age and sex.

5. Consider the following stages of the demographic cycle:
1. Low Stationary (Low birth rate, low death rate)
2. Early Expanding (High birth rate, declining death rate)
3. High Stationary (High birth rate, high death rate)
4. Late Expanding (Declining birth rate, low death rate)

Which of the following represents the correct chronological sequence of these stages?
(A) 3, 2, 4, 1
(B) 1, 2, 3, 4
(C) 3, 4, 2, 1
(D) 2, 3, 1, 4

6. Which of the following is NOT considered a permanent method of contraception?
(A) Vasectomy
(B) Intrauterine Device (IUD)
(C) Tubal ligation
(D) Hysterectomy

7. The concept of 'unmet need' in family planning refers to:
(A) Women not using contraception who are currently not sexually active.
(B) Women who are currently pregnant and intended to conceive the child.
(C) Women using contraception who have met their family size objectives.
(D) Women not using contraception who wish to avoid becoming pregnant.

8. Consider the following statements regarding India's population and identify the incorrect one.
(A) The sex ratio has consistently been favorable to females since independence.

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44. The term 'population pyramid' is a demographic concept used to represent:
(A) The geographical distribution of the population.
(B) The age and sex structure of the population.
(C) The occupational distribution of the population.
(D) The literacy levels across different states.

45. Consider the following factors that may contribute to the 'unmet need' for family planning:
(a) Lack of access to contraceptive services.
(b) Fear of side effects of contraceptives.
(c) Opposition from spouse or family.
(d) Lack of knowledge about contraceptive methods.
Which of the above statement(s) is/are correct?
(A) (a) and (b) only
(B) (c) and (d) only
(C) (a), (b), and (c)
(D) (a), (b), (c), and (d)

46. What is the 'Replacement Level Fertility' value, the Total Fertility Rate (TFR) at which a population exactly replaces itself from one generation to the next, without migration?
(A) 1.0
(B) 3.0
(C) 4.2
(D) 2.1

47. The "Target Free Approach" in family welfare, introduced in 1996, was a departure from the earlier method-specific target setting. What was the rationale behind this change?
(A) To improve clinical quality and focus on client needs.
(B) To reduce the daily workload of local health workers.
(C) To save costs by reducing the supply of contraceptives.
(D) To make family planning mandatory for every citizen.

48. A couple visits a family planning clinic. The health worker explains the pros and cons of five different contraceptive methods and allows the couple to choose the one that best suits their lifestyle and family goals. This is an example of:
(A) Target-driven approach
(B) Cafeteria approach
(C) Coercive method
(D) Clinical trial

49. Which Act primarily deals with the regulation of ultrasound machines to prevent their misuse for sex determination?
(A) MTP Act, 1971
(B) PC and PNDT Act, 1994
(C) Indian Medical Council Act, 1956
(D) Consumer Protection Act, 1986

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50. Consider the following social issues that can negatively impact the effectiveness of Family Planning programs:
(a) High female literacy
(b) Early age at marriage
(c) Preference for a male child
(d) Women's economic empowerment
(e) Opposition from influential community members
Which of the above statement(s) is/are correct?
(A) (a), (b), and (c)
(B) (b), (c), and (e)
(C) (a), (d), and (e)
(D) (c), (d), and (e)

51. The demographic indicator 'Maternal Mortality Ratio' (MMR) is expressed as:
(A) The number of maternal deaths per 1,000 live births.
(B) The number of maternal deaths per 1,000 population.
(C) The number of maternal deaths per 100,000 live births.
(D) The number of maternal deaths per 100,000 women of reproductive age.

52. What does 'population distribution' refer to in a demographic context?
(A) The age and sex breakdown of the population.
(B) The number of people belonging to different religious groups.
(C) The average number of children per woman.
(D) The spread of people across geographic areas and densities.

53. Which phase of the demographic cycle is characterized by a declining birth rate and a low

death rate, leading to a slowing of population growth?
(A) Stage 1: High Stationary
(B) Stage 2: Early Expanding
(C) Stage 3: Late Expanding
(D) Stage 4: Low Stationary

54. In the context of national health initiatives, the 'R' in Reproductive and Child Health (RCH) program stands for:
(A) Rural
(B) Reproductive
(C) Regulatory
(D) Rights

55. Consider the following Indian health programs and initiatives:
1. National Family Welfare Program
2. Reproductive and Child Health (RCH) Program
3. National Rural Health Mission (NRHM)
4. Ayushman Bharat

Which of the following represents the correct chronological order of their introduction?
(A) 1, 3, 2, 4
(B) 1, 2, 3, 4
(C) 2, 1, 3, 4
(D) 1, 2, 4, 3

56. The provision for termination of pregnancy under the MTP Act 1971 is primarily based on:
(A) The length of gestation and the opinion of a registered medical practitioner.
(B) The economic status of the woman.
(C) The consent of the woman's spouse and family.
(D) The number of existing children the woman has.

57. All of the following are barrier methods of contraception EXCEPT:
(A) Male Condom
(B) Female Condom
(C) Oral contraceptive pills
(D) Diaphragm

58. Which program in India was specifically launched to screen children for 4 'D's - Defects at birth, Deficiencies, Diseases, and Developmental delays?
(A) Rashtriya Bal Swasthya Karyakram (RBSK)
(B) Janani Suraksha Yojana (JSY)
(C) Integrated Child Development Services (ICDS)
(D) National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)

59. Which statement incorrectly describes a gender issue in women's health?
(A) Women often eat last and least in the family, leading to nutritional deficiencies.
(B) Women's health issues are often given lower priority within the family.
(C) Lack of autonomy can prevent women from seeking timely medical care.
(D) Women have biologically lower immunity to all diseases compared to men.

60. Match the concept from Family Planning in List I with its description in List II.
List I: (Concept)
P. Unmet Need
Q. Felt Need
R. Cafeteria Approach
S. Social Marketing
List II: (Description)
1. Using commercial channels to sell subsidized contraceptives.
2. A recognized desire for family planning by an individual.
3. Offering a variety of contraceptive choices to a client.
4. The gap between reproductive intentions and contraceptive use.

Choose the correct code:
(A) P-4, Q-2, R-3, S-1
(B) P-1, Q-3, R-2, S-4
(C) P-4, Q-1, R-3, S-2
(D) P-2, Q-4, R-1, S-3

61. What is the most appropriate description of 'Adolescent Health' in the context of national programs?
(A) It focuses solely on reproductive and sexual health.
(B) It is limited to providing immunization and nutrition.
(C) It addresses the physical, mental, and social well-being of ages 10-19.
(D) It is a program to prepare adolescents for the workforce.

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62. The concept of "Essential Newborn Care" emphasizes a set of practices for all newborns, regardless of where they are born. Which one of the following is NOT part of it?
(A) Initiation of exclusive breastfeeding
(B) Providing warmth
(C) Infection prevention
(D) Administration of pre-lacteal feeds

63. The primary legal ramification of the PC & PNDT Act, 1994, is that:
(A) It criminalizes the act of pre-natal sex determination.
(B) It mandates two children per family.
(C) It makes institutional delivery compulsory.
(D) It provides free contraceptives.

64. The shift from Maternal and Child Health (MCH) to Reproductive and Child Health (RCH) programs was a move towards:
(A) A more fragmented approach
(B) A more integrated and life-cycle based approach
(C) A purely clinical approach
(D) A program run by non-governmental organizations only

65. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : The Janani Suraksha Yojana (JSY) provides a cash incentive to pregnant women for delivering in a health facility.
Reason (R) : The cash incentive is intended to cover wage loss and transportation costs, thereby reducing financial barriers to accessing institutional care.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

66. Which one of the following is a key objective of the School Health Programme?
(A) Health promotion and disease prevention
(B) Providing mid-day meals
(C) Conducting parent-teacher meetings
(D) Building school infrastructure

67. Diarrhoeal diseases are a major health problem for children in India. What is the cornerstone of its management at the community level?
(A) Administration of intravenous antibiotics.
(B) Immediate hospitalization for all cases.
(C) Use of Oral Rehydration Solution (ORS) and Zinc supplementation.
(D) Withholding fluids and food during the illness.

68. The "Rights of a Child" are universally applicable to every human being below the age of:
(A) 12 years
(B) 14 years
(C) 16 years
(D) 18 years

69. What is 'Demographic Dividend'?
(A) The total population count residing within a specific country.
(B) A government payment issued to large families with many children.
(C) Economic growth resulting from a high share of working-age people.
(D) The statistical ratio of males to females within a population.

70. Consider the following statements about the MTP Act, 1971:
(a) It allows abortion on demand for any reason.
(b) It lays down conditions under which a pregnancy can be terminated.
(c) It specifies the qualifications of the medical practitioner who can perform an MTP.
(d) Its main aim was to reduce unsafe abortions.
Which of the above statements are correct?
(A) (a) and (b) only
(B) (b), (c), and (d)
(C) (a), (c), and (d)
(D) (a), (b), (c), and (d)

71. A key strategy under the Rashtriya Kishor Swasthya Karyakram (RKSK) is the establishment of 'Adolescent Friendly Health Clinics'. What is their primary purpose?
(A) To provide free medicines for all diseases.
(B) To function as vocational training centers.
(C) To serve as detention centers for juvenile delinquents.

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(RKSK)
2. Janani Suraksha Yojana (JSY)
3. IUD / Copper T
4. PC & PNDT Act

Choose the correct code:
(A) P-1, Q-3, R-2, S-4
(B) P-2, Q-4, R-1, S-3
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

111. What is the key difference between 'felt need' and 'unmet need' for family planning?
(A) 'Felt need' is a recognized desire; 'unmet need' is the gap between intentions and use.
(B) There is no difference; the terms are interchangeable.
(C) 'Felt need' applies to men, while 'unmet need' applies to women.
(D) 'Felt need' is determined by the government, while 'unmet need' is determined by NGOs.

112. The concept of 'Safe Motherhood' is most closely associated with the goal of reducing:
(A) Infant Mortality Rate (IMR)
(B) Maternal Mortality Ratio (MMR)
(C) Total Fertility Rate (TFR)
(D) Crude Death Rate (CDR)

113. One of the 'rights of the child' is the right to protection. This includes protection from all of the following EXCEPT:
(A) Physical or mental violence
(B) The responsibility of doing homework
(C) Economic exploitation
(D) Illicit use of narcotic drugs

114. The School Health Programme in India is a collaborative effort, primarily between which two government ministries?
(A) Ministry of Health & Family Welfare and Ministry of Education
(B) Ministry of Finance and Ministry of Defence
(C) Ministry of Agriculture and Ministry of Commerce
(D) Ministry of External Affairs and Ministry of Home Affairs

115. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : Exclusive breastfeeding for the first six months is a key component of essential newborn care.
Reason (R) : Breast milk provides not only ideal nutrition but also antibodies that protect the infant from common childhood illnesses.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

116. A broad-based population pyramid indicates a:
(A) Ageing population
(B) Stable population
(C) Declining population
(D) Young population

117. Which of the following correctly identifies a pair of permanent methods of contraception?
(A) Condom and Vasectomy
(B) Oral Pills and Tubectomy
(C) Vasectomy and Tubectomy
(D) IUD and Diaphragm

118. A key challenge to adolescent health in India is the prevalence of child marriage. This social issue directly impacts:
(A) The country's foreign exchange reserves.
(B) The adolescent girl's education, health, and overall development.
(C) The development of national highways.
(D) The performance of the stock market.

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119. A pregnant woman in her second trimester visits a clinic. As part of safe motherhood practices, she should be counseled on all of the following EXCEPT:
(A) Nutrition and rest
(B) Danger signs during pregnancy
(C) Preparation for delivery and breastfeeding
(D) The procedure for obtaining a driver's license

120. Consider the following services delivered by Anganwadi centres under the ICDS scheme:
(a) Supplementary Nutrition
(b) Immunization

subsidized prices through commercial outlets, is an example of what strategy in family planning?
(A) Social marketing
(B) Clinical approach
(C) Target-based approach
(D) Coercive method

83. A major challenge in implementing the PC & PNDT Act effectively is:
(A) The lack of technology for sex determination.
(B) The act being unconstitutional.
(C) Strong societal preference for sons, leading to a clandestine market.
(D) A complete lack of trained medical professionals in the country.

84. In the context of national health programs, the 'H' in Reproductive and Child Health (RCH) stands for:
(A) Hygiene
(B) Hospital
(C) Human
(D) Health

85. Match the scheme in List I with its primary objective in List II.
List I: (Scheme)
P. Janani Suraksha Yojana (JSY)
Q. Rashtriya Bal Swasthya Karyakram (RBSK)
R. PC & PNDT Act, 1994
S. MTP Act, 1971
List II: (Objective)
1. Prevent sex-selective abortion
2. Legalize and regulate abortion
3. Promote institutional delivery
4. Early screening and intervention for childhood diseases
Choose the correct code:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-2, Q-1, R-4, S-3
(D) P-4, Q-3, R-2, S-1

86. What is the main purpose of providing Iron and Folic Acid (IFA) tablets to pregnant women and adolescents?
(A) To act as a primary contraceptive method.
(B) To prevent and treat nutritional anaemia.
(C) To prevent viral infections.
(D) To increase the height of the child.

87. Which of the following defines 'sex ratio' as used in the Indian census?
(A) The number of males per 1000 females.
(B) The number of live births per 1000 population.
(C) The number of married females per 1000 married males.
(D) The number of females per 1000 males.

88. Counseling in family planning is most effective when it is:
(A) Client-centered and non-judgmental.
(B) Directive and provider-controlled.
(C) Focused only on one method of contraception.
(D) Conducted in a group setting for privacy.

89. A country has a high dependency ratio. What does this imply?
(A) The country has a very high rate of exports.
(B) A large proportion of the population is in the working-age group.
(C) Many people depend on the working-age population for support.
(D) The country is highly dependent on foreign aid.

90. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : The National Family Welfare Program in India has evolved from a focus on population control to a broader perspective of reproductive and child health.
Reason (R) : International and national experiences demonstrated that narrow, target-driven approaches were less effective and often ignored the quality of care and individual rights.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

91. The Integrated Child Protection Scheme (ICPS), now part of Mission Vatsalya, is a program that primarily addresses which aspect of child welfare?

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147. Under the Rashtriya Bal Swasthya Karyakram (RBSK), children are screened for developmental delays. This is important for:
(A) Selecting them for sports activities.
(B) Awarding academic grades.
(C) Providing early intervention services to minimize disability.
(D) Enrolling them in special schools without a proper diagnosis.

148. The "Weekly Iron and Folic Acid Supplementation (WIFS)" programme is targeted at:
(A) Elderly men
(B) Newborn babies
(C) Post-menopausal women
(D) Adolescents

149. The concept of 'Child Rights' is based on the idea that children are not the property of their parents but are:
(A) The responsibility of the state alone.
(B) Independent entities with no need for guidance.
(C) Human beings with their own rights.
(D) Future economic assets.

150. Consider the following potential consequences of the social issue of 'early marriage' for girls:
(a) Discontinuation of education.
(b) Increased risk of maternal and infant mortality.
(c) Limited economic opportunities.
(d) Higher lifetime fertility.
(e) Immediate and guaranteed financial security.
Which of the above statements are correct?
(A) (a), (b), (c), and (d)
(B) (b), (c), (d), and (e)
(C) (a), (c), and (e)
(D) (a), (b), and (e)

151. Which of the following is a correct statement about the demographic cycle?
(A) All countries pass through the stages at the same speed.
(B) It is a model applicable only to European countries.
(C) The final stage is characterized by a population explosion.
(D) It tracks changing birth and death rates over development.

152. What is the primary role of a counselor in a family planning clinic?
(A) To provide information and support for informed decision-making.
(B) To make decisions for the client.
(C) To promote only one specific contraceptive method.
(D) To complete the paperwork for the clinic.

153. The penalties under the PC & PNDT Act apply to:
(A) Only the doctor who performs the sex determination test.
(B) Only the family members who ask for the test.
(C) The doctor, the clinic, and the person seeking the test.
(D) Only the company that manufactures the ultrasound machine.

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154. What is the most significant change brought by the evolution from Maternal and Child Health (MCH) to Reproductive and Child Health (RCH) programs?
(A) The inclusion of a life-cycle health approach for mothers and children.
(B) A narrowed focus on only childbirth.
(C) A shift from a woman-centric to a child-centric approach.
(D) The exclusion of immunization services.

155. Consider the following events related to Family Planning and RCH in India:
1. Launch of the National Family Planning Program.
2. Introduction of the "Target-Free Approach".
3. Launch of the Child Survival and Safe Motherhood (CSSM) Programme.
4. Launch of the National Rural Health Mission (NRHM).
Which of the following represents the correct chronological order of these events?
(A) 1, 3, 2, 4
(B) 1, 2, 3, 4
(C) 2, 1, 4, 3
(D) 3, 1, 2, 4

156. An important component of 'Essential Newborn Care' is maintaining the 'warm chain'. What does this refer to?
(A) A system of transporting vaccines at a

(D) All of the above

101. The 'size' of India's population refers to:
(A) The land area of the country in square kilometers.
(B) The proportion of the population that is literate.
(C) The total number of individuals residing in the country at a specific time.
(D) The average height and weight of the population.

102. Which of the following is NOT a method of contraception?
(A) Tubal Ligation
(B) In-vitro Fertilization (IVF)
(C) Copper T
(D) Oral Pills

103. The term 'gender' in the context of women's health refers to:
(A) The biological and physiological characteristics that define men and women.
(B) The chromosomal makeup of an individual.
(C) The sex ratio of a population.
(D) The socially constructed roles and behaviors appropriate for men and women.

104. Which scheme ensures that pregnant women get free transport from home to a facility, inter-facility transfer in case of a referral, and drop back home?
(A) Janani Shishu Suraksha Karyakram (JSSK)
(B) Rashtriya Kishor Swasthya Karyakram (RKSK)
(C) Mid-Day Meal Scheme
(D) PC & PNDT Act

105. Consider the following policy and program approaches in the National Family Welfare Program:
1. Target-Free Approach
2. Reproductive and Child Health (RCH) Approach
3. Clinical Approach focusing on sterilization
4. Integration with Maternal and Child Health (MCH)

Which of the following represents the correct chronological order of their introduction?
(A) 3, 4, 1, 2
(B) 1, 2, 3, 4
(C) 4, 3, 2, 1
(D) 3, 1, 4, 2

106. In India, the MTP Act, 1971 was amended in 2021. What was a key change introduced by the amendment?
(A) Increasing the gestation limit for termination of pregnancy for certain categories of women.
(B) Banning abortion completely.
(C) Making spousal consent mandatory for all abortions.
(D) Limiting abortion services to only government hospitals.

107. Which demographic indicator measures the risk of death during the first year of life?
(A) Maternal Mortality Ratio (MMR)
(B) Crude Death Rate (CDR)
(C) Life Expectancy at birth
(D) Infant Mortality Rate (IMR)

108. A social issue that often impedes open discussion and uptake of family planning, especially among young people, is:
(A) High levels of education.
(B) The cultural taboo around discussing sexuality and reproductive health.
(C) The widespread availability of information on the internet.
(D) Economic prosperity.

109. Which program has the overarching goal to "improve the health and nutritional status of children in the age-group 0-6 years"?
(A) National Adult Education Program
(B) National Pension System
(C) Integrated Child Development Services (ICDS)
(D) Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

110. Match the term in List I with its most relevant program or act in List II.
List I: (Term)
P. Institutional Delivery
Q. Sex Determination
R. Adolescent Health Counseling
S. Spacing Method
List II: (Program/Act)
1. Rashtriya Kishor Swasthya Karyakram

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(A) Nutritional needs of children.
(B) Formal education of children.
(C) Immunization of children.
(D) Creating protective environments for children in difficult situations.

92. The 'Safe Motherhood' initiative focuses on a continuum of care. This means:
(A) Providing care only during childbirth.
(B) Linking care from pre-pregnancy through pregnancy, childbirth, and the postnatal period for both mother and baby.
(C) Providing care only in large, tertiary hospitals.
(D) A continuous supply of free medicines to all women.

93. One of the key components of the Reproductive and Child Health Phase II (RCH-II) program was to improve:
(A) The road network in rural areas.
(B) The number of parliamentary seats.
(C) The skills of health workers through training.
(D) The export of agricultural products.

94. Which of the following is NOT a major health problem of children in India addressed by national programs?
(A) Malnutrition
(B) Vaccine-preventable diseases
(C) Diarrhoeal diseases
(D) Alzheimer's Disease

95. Consider the following rights of the child as recognized under the UN Convention on the Rights of the Child (UNCRC):
(a) Right to an identity and a nationality.
(b) Right to education.
(c) Right to be protected from economic exploitation.
(d) Right to express their views freely.
Which of the above statements are correct?
(A) (a) and (b) only
(B) (c) and (d) only
(C) (a), (b) and (d) only
(D) (a), (b), (c), and (d)

96. Which of the following is an example of an 'indicator' related to demography?
(A) The name of the Prime Minister.
(B) The Infant Mortality Rate (IMR).
(C) The number of rivers in the country.
(D) The national anthem.

97. What is 'vasectomy'?
(A) A permanent method of contraception for females.
(B) A permanent surgical method of contraception for males.
(C) A reversible method of contraception for males.
(D) A hormonal injection for males.

98. A health worker in a village finds that many women want to delay their next pregnancy but are afraid to use hormonal pills or IUDs due to rumors about side effects. What is the most appropriate first step for the health worker?
(A) Hold a meeting to discuss correct information and satisfied users.
(B) Report the women to the district health officer for non-compliance.
(C) Insist that they must accept IUDs as it is the most effective method.
(D) Stop discussing family planning in that village.

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99. The "late expanding" stage of the demographic cycle is generally associated with:
(A) Agricultural revolution and high mortality.
(B) Pre-industrial society with stable population.
(C) Industrialization, urbanization, and falling birth rates.
(D) Post-industrial society with a declining population.

100. Consider the following services typically provided as part of a comprehensive School Health Programme:
(a) Health screening and referrals.
(b) First aid and emergency care.
(c) Promoting a healthy psycho-social environment.
(d) Micronutrient supplementation.
(e) Training teachers in curriculum development for mathematics.
Which combination of these services is standard for the program?
(A) (a), (b), (c), and (d)
(B) (a), (b), and (e)
(C) (c), (d), and (e)

(c) Health Check-up
(d) Formal Primary Education
Which combination of these services is provided as part of the 'Six Services' model?
(A) (a) and (b) only
(B) (a), (b), and (c)
(C) (c) and (d) only
(D) (a), (b), (c), and (d)

121. The 'demographic trap' is a situation where:
(A) A country has completed its demographic transition.
(B) A country's population is aging rapidly.
(C) High growth rates perpetuate poverty and prevent birth rate reduction.
(D) A country's birth rate and death rate are both very low.

122. In 1977, the National Family Planning Program was re-designated as the National Family Welfare Program. This change was meant to signify:
(A) A shift to a more holistic approach incorporating maternal and child health.
(B) A narrowing of focus to only birth control.
(C) The complete discontinuation of contraceptive services.
(D) A program managed entirely by international agencies.

123. The phrase "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" in relation to reproductive health, emphasizes a:
(A) Purely biological definition
(B) Disease-centric approach
(C) Technology-driven model
(D) Holistic and comprehensive perspective

124. Which of the following is a key objective of the Janani Shishu Suraksha Karyakram (JSSK)?
(A) To provide free residential schooling for girls.
(B) To eliminate out-of-pocket expenditure for both pregnant women and sick infants.
(C) To promote traditional healing practices.
(D) To ensure all citizens have a bank account.

125. Consider the following statements regarding gender issues affecting women's health in India:
(a) Women's health is often equated solely with maternal health.
(b) Gender-based violence has severe consequences for physical and mental health.
(c) Women face greater barriers to accessing healthcare than men.
(d) Women generally have better nutritional status than men due to biological differences.
(e) Son preference can lead to neglect of the girl child's health.
Which of the above statements are correct?
(A) (a), (b), (d), and (e)
(B) (b), (c), (d), and (e)
(C) (a), (b), (c), and (e)
(D) (a), (c), and (d)

126. The Universal Immunization Programme (UIP) in India aims to protect children and pregnant women from:
(A) All types of cancers
(B) Road traffic accidents
(C) Malnutrition only
(D) Vaccine-preventable diseases

127. Peer educators are a key component of which national health program?
(A) Rashtriya Kishor Swasthya Karyakram (RKSK)
(B) National Programme for Control of Blindness
(C) National Leprosy Eradication Programme
(D) Revised National Tuberculosis Control Programme

128. What is the most crucial element for the successful implementation of any School Health Programme?
(A) Availability of a large playground.
(B) Active participation of students, teachers, and parents.
(C) A strict disciplinary code.
(D) High tuition fees.

129. The "Continuum of Care" in Reproductive, Maternal, Newborn, Child, and Adolescent Health (RCH+A) strategy links different levels of healthcare. This implies connecting:
(A) Only private sector hospitals with each other.
(B) Home-based care, community outreach, and facility-based services.

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(C) Traditional healers with modern doctors.
(D) Indian health systems with international ones.

130. The legal age of marriage for girls in India was raised from 15 to 18 in 1978. What was a primary public health reason for this change?
(A) To reduce the risks of early pregnancy and childbirth for the mother and child.
(B) To reduce the overall population of the country.
(C) To ensure girls complete their post-graduate education before marriage.
(D) To align with international marriage age laws.

131. Which of the following is the best example of applying the 'cafeteria approach' in family planning counseling?
(A) The counselor tells the client, "The IUD is the best method, and you should get one."
(B) The counselor gives the client a brochure and asks them to decide on their own without any discussion.
(C) The counselor offers information on all methods to help the client choose.
(D) The counselor only discusses the method that the clinic has in stock.

132. The MTP Act, 1971, was a landmark legislation because it:
(A) Promoted abortion as the primary method of birth control.
(B) Made all forms of abortion illegal.
(C) Transferred the responsibility of abortion from doctors to nurses.
(D) Decriminalized abortion under certain conditions to ensure safety.

133. The Total Fertility Rate (TFR) of a population is a direct measure of:
(A) Mortality
(B) Migration
(C) Fertility
(D) Population Structure

134. Which one of the following is an example of a 'spacing' method of contraception?
(A) Vasectomy
(B) Condom
(C) Hysterectomy
(D) Tubectomy

135. Match the demographic indicator in List I with its definition in List II as per standard demographic measures.
List I: (Indicator)
P. Crude Death Rate
Q. Infant Mortality Rate
R. Total Fertility Rate
S. Sex Ratio
List II: (Definition)
1. Number of females per 1000 males
2. Number of deaths per 1000 mid-year population
3. Average number of children a woman would bear in her lifetime
4. Number of infant deaths (under 1 year) per 1000 live births
Choose the correct code:
(A) P-1, Q-3, R-2, S-4
(B) P-2, Q-4, R-3, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

136. In the RCH+A strategy, the 'A' stands for:
(A) Adolescent
(B) Adult
(C) Additional
(D) Advanced

137. Which of the following represents a major health concern during adolescence that the Rashtriya Kishor Swasthya Karyakram (RKSK) aims to address?
(A) Dementia
(B) Arthritis
(C) Mental health issues like depression and anxiety
(D) Parkinson's disease

138. The principle of 'Participation' under the Convention on the Rights of the Child means that:
(A) Children have the right to express their views and have them taken seriously in matters affecting them.
(B) Children must participate in all household chores.
(C) Children must participate in national elections.
(D) Children must participate in income-

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generating activities for the family.

139. A school nurse notices that several children have pale skin and seem tired, which could be an early sign of iron deficiency anemia. What is the most appropriate action under the School Health Programme?
(A) Ignore the observation as it is common in children.
(B) Expel the children from school for being unhealthy.
(C) Advise the parents to feed their children more sweets.
(D) Recommend the children for screening and ensure they receive weekly Iron and Folic Acid (IFA) supplements as per the program.

140. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : Social marketing of contraceptives like condoms has helped in increasing their accessibility and affordability.
Reason (R) : Social marketing uses existing commercial distribution networks, which are often more extensive than the public health system's supply chain.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

141. The demographic process that involves the movement of people from one place to another is called:
(A) Fertility
(B) Mortality
(C) Migration
(D) Composition

142. A woman wants a contraceptive method that is long-acting but reversible. Which of the following would be the most suitable recommendation to discuss?
(A) Tubal ligation
(B) Vasectomy
(C) Coitus interruptus
(D) Intrauterine Device (IUD)

143. The "Child Survival and Safe Motherhood" (CSSM) program was the precursor to which program?
(A) Reproductive and Child Health (RCH) Program
(B) National Family Welfare Program
(C) Universal Immunization Program (UIP)
(D) Integrated Child Development Services (ICDS)

144. Kangaroo Mother Care (KMC) is a key intervention for low birth weight infants. Its essential components are:
(A) Placing the baby in an incubator and giving formula feeds.
(B) Skin-to-skin contact and exclusive breastfeeding.
(C) Massaging the baby with oil and giving a daily bath.
(D) Wrapping the baby in many layers of cloth and giving honey.

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145. Consider the following statements regarding the demographic profile of India:
(a) India has one of the largest youth populations in the world.
(b) The distribution of population is uniform across all states.
(c) The sex ratio at birth has shown a declining trend in some parts of the country.
(d) India has achieved a Total Fertility Rate (TFR) below the replacement level in all states.
Which of the above statements are correct?
(A) (a) and (c)
(B) (a) and (d)
(C) (b) and (c)
(D) (b) and (d)

146. Which of the following is a major reason why gender issues are critical in women's health?
(A) Gender inequality affects access to resources like food, education, and healthcare.
(B) Women are biologically weaker than men.
(C) Women do not suffer from any serious health problems.
(D) All health programs are designed only for men.

(D) To offer confidential health and counseling services to adolescents.

72. Which of the following is a non-hormonal, once-a-week contraceptive pill developed in India?
(A) Centchroman (Saheli)
(B) Mala-D
(C) Lo-ovral
(D) Depo-Provera

73. The 'demographic cycle' is a model that describes:
(A) The annual migration patterns of a population.
(B) The age structure of a population at a single point in time.
(C) The cycle of poverty and population growth.
(D) Changing birth and death rates over time as a country develops.

74. A woman who is using an IUD for contraception is availing which type of method?
(A) Reversible, long-acting method
(B) Barrier method
(C) Natural method
(D) Permanent method

75. Consider the following components of the School Health Programme:
(a) Regular health check-ups.
(b) Iron and Folic Acid supplementation.
(c) Health and wellness education.
(d) Provision of a safe and hygienic school environment.
(e) Conducting final academic examinations.
Which of the above statements are correct?
(A) (a), (b), and (e)
(B) (c), (d), and (e)
(C) (a), (b), (c), and (d)
(D) (a), (c), and (e)

76. In the context of the National Family Welfare Program, what was the significance of the 1994 International Conference on Population and Development (ICPD) in Cairo?
(A) It mandated a one-child policy for all developing nations.
(B) It shifted the focus toward reproductive health and rights.
(C) It focused exclusively on increasing the use of permanent sterilization methods.
(D) It led to the discontinuation of all government-led family planning programs.

77. Which of the following is NOT a direct indicator of family planning program performance?
(A) Contraceptive Prevalence Rate (CPR)
(B) Unmet need for family planning
(C) Gross Domestic Product (GDP)
(D) Total Fertility Rate (TFR)

78. A key feature of the Janani Shishu Suraksha Karyakram (JSSK) is:
(A) Providing cash assistance only for home deliveries.
(B) Focusing only on the health of the infant and not the mother.
(C) A scheme to promote medical tourism for childbirth.
(D) Entitling all pregnant women in public health to free delivery care.

79. Acute Respiratory Infections (ARIs), particularly pneumonia, are a leading cause of death in children in India. Which of the following is a key danger sign of pneumonia in a young child that requires immediate attention?
(A) Fast breathing
(B) Mild cough
(C) Low-grade fever
(D) Decreased appetite

80. The "Best interests of the child" is a core principle guiding the implementation of which legal framework?
(A) The MTP Act
(B) The UN Convention on the Rights of the Child
(C) The PC & PNDT Act
(D) The Indian Contract Act

81. Which stage of the demographic cycle would a country with a pyramid-shaped population structure (wide base, narrow top) most likely be in?
(A) Stage 1 (High Stationary)
(B) Stage 2 (Early Expanding)
(C) Stage 4 (Low Stationary)
(D) Stage 5 (Declining)

82. The use of brand names like 'Nirodh' for condoms or 'Mala-D' for oral pills, sold at

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controlled temperature.
(B) Proactive methods used to prevent neonatal hypothermia.
(C) The process of linking the newborn's records with the mother's.
(D) A chain of hospitals for referring sick newborns.

157. Which of the following is an example of a gender issue negatively impacting women's health?
(A) Higher life expectancy of women in many countries.
(B) Special provisions for maternity leave.
(C) The practice of female genital mutilation in some cultures.
(D) Laws protecting women against domestic violence.

158. The '4D's' screened under the Rashtriya Bal Swasthya Karyakram (RBSK) include 'Defects at Birth'. Which of the following is an example of such a defect?
(A) Pneumonia
(B) Malnutrition
(C) Scabies
(D) Cleft lip and palate

159. The 'SABLA' scheme for adolescent girls focuses on:
(A) Nutrition, health, and life skills education.
(B) Providing sports training.
(C) Financial loans for starting a business.
(D) Arranging marriages.

160. Match the contraceptive method in List I with its mechanism of action or type in List II.
List I: (Method)
P. Oral Contraceptive Pill
Q. Condom
R. Copper IUD
S. Vasectomy
List II: (Type/Mechanism)
1. Prevents sperm from being released in ejaculate
2. Prevents ovulation
3. Prevents sperm from reaching the egg (physical block)
4. Prevents implantation (local inflammation)
Choose the correct code:
(A) P-1, Q-4, R-3, S-2
(B) P-2, Q-3, R-4, S-1
(C) P-3, Q-2, R-1, S-4
(D) P-2, Q-4, R-1, S-3

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161. One of the goals of the National Population Policy, 2000, was to achieve a Total Fertility Rate (TFR) of 2.1. This level of fertility is known as:
(A) Zero fertility
(B) High fertility
(C) Replacement level fertility
(D) Sub-replacement fertility

162. In the context of contraception, 'Lactational Amenorrhea Method (LAM)' is a:
(A) Natural, temporary method
(B) Permanent method
(C) Hormonal method
(D) Barrier method

163. The success of a family planning program is often measured by the Contraceptive Prevalence Rate (CPR). What does CPR indicate?
(A) The total number of contraceptives sold in a year.
(B) The percentage of the population that is sterile.
(C) The percentage of women of reproductive age using any method of contraception.
(D) The number of family planning clinics per 1000 population.

164. What is the fundamental difference between the MTP Act and the PC & PNDT Act?
(A) The MTP Act applies to men, and the PC & PNDT Act applies to women.
(B) The MTP Act is a state law, while the PC & PNDT Act is a national law.
(C) There is no fundamental difference; they are the same.
(D) The MTP Act regulates safe abortion, while the PC & PNDT Act prohibits sex-selective abortion.

165. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : The Janani Shishu Suraksha Karyakram (JSSK) was launched to supplement the efforts of Janani Suraksha Yojana (JSY).
Reason (R) : While JSY focused on promoting

child.
(C) Banning childbirth in certain states.
(D) Regulating the sale and use of technology that can be used for sex determination.

204. The Reproductive and Child Health (RCH) program was a significant evolution from which earlier program?
(A) National Malaria Eradication Programme
(B) Child Survival and Safe Motherhood (CSSM) Programme
(C) National Leprosy Control Programme
(D) Universal Immunization Programme

205. Consider the following steps of essential newborn care:
1. Initiation of breastfeeding
2. Drying the baby thoroughly
3. Cutting the umbilical cord cleanly
4. Placing the baby in skin-to-skin contact with the mother

Which of the following represents the correct immediate post-birth sequence?
(A) 2, 4, 3, 1
(B) 1, 2, 3, 4
(C) 2, 3, 4, 1
(D) 4, 1, 2, 3

206. How do gender roles and norms typically affect women's health?
(A) They always have a positive impact by assigning women lighter tasks.
(B) They have no impact on health, as health is purely a biological matter.
(C) They only affect men's health, not women's.
(D) They can limit access to nutrition, education, and health decisions.

207. Which vaccine, given at birth, is part of the national program to combat tuberculosis in India?
(A) BCG (Bacille Calmette-Guérin)
(B) MMR (Measles, Mumps, Rubella)
(C) DPT (Diphtheria, Pertussis, Tetanus)
(D) HPV (Human Papillomavirus)

208. The Rashtriya Kishor Swasthya Karyakram (RKSK) identifies six priority areas. Which of the following is among them?
(A) Financial literacy
(B) Nutrition
(C) Driving skills
(D) Political training

209. The principle of 'non-discrimination' under the Convention on the Rights of the Child means that the rights apply to every child:
(A) Only if they are a citizen of the country.
(B) Without discrimination of any kind, irrespective of the child's or their parent's race, color, sex, language, religion, etc.
(C) Only if their parents are married.
(D) Only if they are healthy.

210. Match the term in List I with its description in List II.
List I: (Term)
P. Demographic Dividend
Q. Demographic Trap
R. Population Momentum
S. Population Projection
List II: (Description)
1. Continued population growth despite falling fertility rates, due to a large number of people in childbearing age.
2. The economic benefit from a high proportion of working-age population.
3. A situation where high fertility and high mortality rates trap a country in poverty.
4. An estimate of a future population based on assumptions about fertility, mortality, and migration.

Choose the correct code:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-3, R-1, S-4
(C) P-4, Q-1, R-2, S-3
(D) P-2, Q-4, R-1, S-3

211. What is the primary aim of weekly health and nutrition education sessions in the School Health Programme?
(A) To replace regular academic subjects.
(B) To equip children with knowledge and skills to adopt healthy behaviors.
(C) To train children for competitive exams.
(D) To identify the best singers in the school.

212. A "Population Policy" is a set of measures taken by a government to:
(A) Count the population.
(B) Relocate the capital city.
(C) Control the media.

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(A) Is an older term for family planning.
(B) Focuses only on sterilization.
(C) Excludes contraceptive services.
(D) Includes maternal and child health and welfare.

175. Consider the following health problems for children in India that national programs aim to tackle:
(a) Malnutrition (undernutrition and overnutrition)
(b) Acute Respiratory Infections (ARI)
(c) Diarrhoeal Diseases
(d) Vaccine-Preventable Diseases like Measles
(e) Age-related macular degeneration
Which of the above statements are correct?
(A) (a), (b), (c), and (d)
(B) (a), (c), and (e)
(C) (b), (d), and (e)
(D) All of the above

176. What does 'informed consent' in family planning counseling imply?
(A) The client has been informed about the single best method and consents to it.
(B) Voluntary agreement after understanding benefits and risks.
(C) The client's spouse has given consent for the procedure.
(D) A form is signed without any verbal explanation.

177. The 'Beti Bachao, Beti Padhao' (BBBP) scheme was launched to address the issue of:
(A) Malnutrition in adolescent boys.
(B) Declining child sex ratio and promote the education of girls.
(C) The high cost of higher education for all.
(D) The lack of sports facilities in rural areas.

178. The term 'postpartum period' in the context of safe motherhood refers to:
(A) The first six weeks after delivery.
(B) The entire duration of pregnancy.
(C) The period of labor and delivery.
(D) The period before conception.

179. A gender issue that directly impacts women's health is the medicalization of normal life events. Which of the following is the best example?
(A) The routine check-up for high blood pressure.
(B) The rising rates of C-sections performed for non-medical reasons.
(C) The immunization of a child against polio.
(D) The treatment of a fractured bone.

180. The Integrated Child Development Services (ICDS) scheme functions through a network of:
(A) Large super-specialty hospitals
(B) Private schools
(C) Police stations
(D) Anganwadi Centres

181. The Rashtriya Kishor Swasthya Karyakram (RKSK) program uses a 'continuum of care' approach for adolescents. This means it provides services through:
(A) Only hospitals
(B) Only schools
(C) Community, facility, and social media platforms
(D) Only telephone helplines

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182. A child's 'right to development' implies that every child should have access to:
(A) A luxury car
(B) Education, leisure, and cultural activities
(C) A high-paying job before the age of 18
(D) The family's financial records

183. The School Health Programme includes health-promoting schools. What is a key characteristic of such a school?
(A) It focuses only on academic excellence.
(B) It has a very strict uniform policy.
(C) It is located in a wealthy neighborhood.
(D) It promotes physical and psycho-social community health.

184. The demographic transition model was developed based on the experience of:
(A) Western European countries during their industrialization
(B) Ancient civilizations
(C) Modern African nations
(D) South Asian countries in the 21st century

185. Match the Act or Scheme in List I with its main purpose in List II.
List I: (Act/Scheme)

appealing and accessible.
(D) Banning the sale of contraceptives in the open market.

222. An Intrauterine Device (IUD) is a contraceptive method placed inside the:
(A) Ovary
(B) Fallopian tube
(C) Vagina
(D) Uterus

223. The shift from the Child Survival and Safe Motherhood (CSSM) Programme to the Reproductive and Child Health (RCH) Programme involved:
(A) The addition of a client-centered approach and services for RTIs/STIs.
(B) A reduction in the number of services offered.
(C) A complete stop to all child health services.
(D) Transferring all responsibilities to the private sector.

224. One of the major health problems for children in India is Low Birth Weight (LBW). A key intervention to prevent LBW is:
(A) Ensuring adequate maternal nutrition and antenatal care.
(B) Providing the baby with heavy clothing after birth.
(C) Giving the baby formula milk from day one.
(D) Delaying immunization.

225. Consider the following themes recognized under the Rashtriya Kishor Swasthya Karyakram (RKSK):
(a) Nutrition
(b) Sexual and Reproductive Health
(c) Mental Health
(d) Substance Abuse
(e) Stock market investment
Which of the above statements are correct?
(A) (a), (b), and (e)
(B) (c), (d), and (e)
(C) (a), (b), (c), and (d)
(D) (b), (c), and (e)

226. The UN Convention on the Rights of the Child (UNCRC) is legally binding on:
(A) The states that have ratified it.
(B) Only the United Nations and its agencies.
(C) Only non-governmental organizations.
(D) Only parents and guardians.

227. What is the role of teachers as 'Health and Wellness Ambassadors' in the School Health Programme?
(A) To conduct surgical procedures in the school.
(B) To prescribe and dispense medicines.
(C) To act as a focal point for health and wellness activities and disseminate information to students.
(D) To personally fund all health activities in the school.

228. Which factor is NOT directly used to calculate demographic indicators like Crude Birth Rate (CBR) or Crude Death Rate (CDR)?
(A) Number of live births
(B) Number of deaths
(C) Mid-year population
(D) National per capita income

229. Which of the following is NOT an approach or method of contraception?
(A) Hormonal methods
(B) Barrier methods
(C) Political methods
(D) Natural methods

230. The evolution of the National Family Welfare Program reflects a growing understanding that population stabilization is linked to:
(A) Coercive measures and strict laws only.
(B) Socio-economic development and quality healthcare.
(C) Foreign aid and international pressure.
(D) The number of hospitals built.

231. The term 'morbidity' in women's health refers to:
(A) The number of deaths.
(B) The state of being healthy.
(C) The number of births.
(D) The state of being diseased or unhealthy.

232. A significant challenge for adolescent health programs is:
(A) Reaching adolescents with services and information in a manner that is acceptable and accessible to them.

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(A) Free textbooks
(B) Access to sanitary napkins at subsidized rates
(C) Free transportation to school
(D) Vocational training in computers

194. The concept of "Child-Friendly" services (e.g., child-friendly police stations, child-friendly courts) is derived from the principles of:
(A) The MTP Act
(B) The Convention on the Rights of the Child (UNCRC)
(C) The National Population Policy
(D) The Indian Forest Act

195. Consider the following components of "Essential Newborn Care":
(a) Immediate drying and providing warmth.
(b) Initiation of breastfeeding within one hour of birth.
(c) Giving the baby a bath immediately after birth.
(d) Immunization at birth (BCG, OPV-0, Hepatitis B).
Which of the above statements are correct?
(A) (a), (b), and (c)
(B) (a), (b), and (d)
(C) (b), (c), and (d)
(D) (a), (c), and (d)

196. The "health and wellness ambassadors" initiative is a part of which program?
(A) National Programme for the Elderly
(B) National Tobacco Control Programme
(C) Pradhan Mantri Jan Dhan Yojana
(D) School Health Programme under Ayushman Bharat

197. Which demographic indicator is most directly influenced by the success of family planning programs?
(A) Crude Death Rate
(B) Sex Ratio
(C) Total Fertility Rate
(D) Urbanization Rate

198. Consider the following factors that define the "composition of population":
(a) The rural-urban distribution
(b) The age structure
(c) The sex ratio
Which of the above statement(s) is/are correct?
(A) (a) only
(B) (a) and (b) only
(C) (c) only
(D) All of the above

199. What is the most significant advantage of a permanent method of contraception like vasectomy or tubectomy?
(A) It is easily reversible.
(B) It protects against sexually transmitted infections.
(C) It needs to be used repeatedly.
(D) It has a very low failure rate and is highly effective.

200. Consider the following statements about the MTP Act, 1971 and its amendments:
(a) It legalizes abortion under specific conditions.
(b) It aims to reduce maternal mortality due to unsafe abortions.
(c) The opinion of a Registered Medical Practitioner is required.
(d) Spousal consent is mandatory in all cases.
(e) It allows for termination for a wider range of reasons post-2021 amendment.
Which of the above statements are correct?
(A) (a), (b), (c), and (e)
(B) (a), (b), (d), and (e)
(C) (a), (c), and (d)
(D) (b), (d), and (e)

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201. Which of the following is NOT a social issue related to family planning?
(A) Son preference
(B) Early marriage
(C) High contraceptive prevalence rate
(D) Low status of women

202. The concept of "unmet need" for family planning highlights a gap between:
(A) Intention and behavior
(B) Knowledge and practice
(C) Supply and demand
(D) Cost and quality

203. The primary mechanism through which the PC & PNDT Act works is:
(A) Promoting the use of contraceptives.
(B) Providing cash incentives for having a girl

from one city to another.
(B) The tendency for a population to keep growing even after fertility falls to replacement level, due to a large number of young people.
(C) The political movement for population control.
(D) The decline in population due to an epidemic.

242. What is the fundamental principle of family planning counseling?
(A) The right of the client to make a voluntary and informed choice.
(B) The right of the provider to choose the method for the client.
(C) The need to meet government targets at any cost.
(D) The focus on promoting the most expensive methods.

243. The Medical Termination of Pregnancy (MTP) Act allows for termination of pregnancy on which of the following grounds?
(A) As a method of sex selection.
(B) On the demand of the spouse against the woman's will.
(C) To save the life of the woman or prevent grave injury to her physical or mental health.
(D) As a primary method of family planning.

244. A key component of the Reproductive and Child Health (RCH) program is the management of Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs). Why is this important?
(A) These infections only affect a small number of people.
(B) They are not a major health issue in India.
(C) They are easily cured by home remedies.
(D) They can cause infertility, complications in pregnancy, and increase the risk of HIV transmission.

245. Consider the following services delivered as part of the Reproductive and Child Health (RCH) program:
(a) Antenatal care
(b) Skilled attendance at birth
(c) Postnatal care for mother and baby
(d) Family planning services
Which of the above statements are correct?
(A) (a) and (b) only
(B) (a), (b), and (c)
(C) (c) and (d) only
(D) (a), (b), (c), and (d)

246. Gender discrimination can impact women's health throughout their life cycle. Which of the following is an example of this at an early stage?
(A) Lower wages for the same work in adulthood.
(B) Neglect of nutrition and healthcare for a girl child compared to a boy child.
(C) Limited inheritance rights.
(D) Lower political representation.

247. The 'IMNCI' strategy, which is a major intervention for child health, stands for:
(A) Indian Management of Newborn and Childhood Illness
(B) International Management of Neonatal and Child Infections
(C) Internal Medicine for Neonates and Children Initiative
(D) Integrated Management of Neonatal and Childhood Illnesses

248. A significant part of adolescent health programs involves providing information on sexual and reproductive health. This is primarily done to:
(A) Empower adolescents to make responsible and informed decisions.
(B) Encourage early sexual activity.
(C) Fulfill a requirement from international donors.
(D) Create controversy in the community.

249. Which of the following is NOT a right guaranteed under the Convention on the Rights of the Child?
(A) Right to education
(B) Right to be protected from violence
(C) Right to drive a vehicle at any age
(D) Right to play and leisure

250. Consider the following statements about India's National Family Welfare Program:
(a) It was the first official program of its kind in the world.
(b) It has evolved from a focus on population

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(D) Influence the size and composition of its population.

213. From the perspective of the National Family Welfare Program, what is the 'ideal' type of contraceptive?
(A) One that is 100% effective, safe, cheap, reversible, and culturally acceptable.
(B) One that is permanent and irreversible.
(C) There is no single 'ideal' type; the best method depends on the individual's needs.
(D) One that requires a surgical procedure.

214. Which statement about the demographic cycle is incorrect?
(A) It links population changes to socio-economic development.
(B) Stage 2 is characterized by a rapid fall in population.
(C) Most developed countries are in Stage 4 or 5.
(D) Stage 1 is characterized by high birth and death rates.

215. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : The PC & PNDT Act has faced challenges in its implementation.
Reason (R) : Deep-rooted patriarchal norms and son preference create a persistent demand for sex-selective services, which then operate in a clandestine manner.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

216. The concept of 'continuum of care' in Reproductive and Child Health (RCH) is essential for:
(A) Preventing gaps in healthcare during critical life stages like pregnancy, childbirth, and early childhood.
(B) Ensuring a patient only sees one doctor.
(C) Providing fragmented and specialized services.
(D) Reducing the cost of medicines.

217. Postnatal care is a critical component of safe motherhood. What is its main purpose?
(A) To monitor the health of the mother and the newborn and to address any complications arising after delivery.
(B) To help the mother choose a name for the baby.
(C) To complete the baby's birth certificate.
(D) To provide the family with financial assistance.

218. Anemia in adolescent girls, a major health problem in India, has consequences such as:
(A) Fatigue, reduced work capacity, and increased risk during future pregnancies.
(B) Improved physical and mental development.
(C) Reduced susceptibility to infections.
(D) Increased concentration and learning capacity.

219. The 'Balika Samriddhi Yojana' is a scheme that aims to:
(A) Set up sports academies for girls.
(B) Provide free meals to all school children.
(C) Build more hostels for working women.
(D) Provide financial incentives for the survival and education of the girl child.

220. Consider the following statements regarding key features of India's population as per recent census data:
(a) The rate of population growth is slowing down.
(b) The sex ratio has always been above 1000.
(c) A significant proportion of the population lives in rural areas.
(d) Uttar Pradesh is the most populous state.
Which of the above statements are correct?
(A) (a), (c), and (d)
(B) (a), (b), and (c)
(C) (b), (c), and (d)
(D) (a), (b), and (d)

221. A key strategy of social marketing in family planning is:
(A) Making contraceptives available for free to everyone.
(B) Using community leaders to force people to adopt family planning.
(C) Using attractive packaging, branding, and subsidized pricing to make products

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P. ICDS
Q. JSY
R. MTP Act
S. PC & PNDT Act

List II: (Main Purpose)
1. To prevent female feticide
2. To provide safe and legal abortion
3. To promote institutional deliveries
4. To provide early childhood care and development services

Choose the correct code:
(A) P-4, Q-3, R-2, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-2, R-1, S-3
(D) P-3, Q-4, R-2, S-1

186. Which of the following is NOT a demographic indicator?
(A) Number of parliamentary constituencies
(B) Life expectancy at birth
(C) Total fertility rate
(D) Crude birth rate

187. The evolution of India's family planning program reflects a shift from a 'techno-centric' approach to a 'client-centric' one. What does this mean?
(A) A shift from using advanced technology to using no technology.
(B) Shifting from numerical targets to individual rights and needs.
(C) A shift from providing services to men to providing services only to women.
(D) A shift from a government program to a private one.

188. Which social issue is a major barrier to the adoption of family planning, especially in patriarchal societies?
(A) High levels of female education and autonomy.
(B) Lack of decision-making power for women regarding their own bodies and fertility.
(C) Easy availability of a wide range of contraceptive choices.
(D) Strong government campaigns promoting small family norms.

189. A key component of counseling in family planning is ensuring 'confidentiality'. This is crucial because:
(A) It allows the counselor to share the client's information with others.
(B) It is a legal requirement only in some countries.
(C) It builds client trust and encourages open discussion.
(D) It is not important for effective counseling.

190. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.

Assertion (A) : The Reproductive and Child Health (RCH) programme in India emphasizes a holistic approach to the health of mothers and children.

Reason (R) : It integrates services related to family planning, safe motherhood, child survival, and prevention/management of RTIs/STIs.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

191. A key strategy for ensuring 'Safe Motherhood' is the 'Three Delays' model. It seeks to reduce delays in:
(A) Seeking care, reaching a facility, and receiving care.
(B) Getting married, having the first child, and having the second child.
(C) School enrollment, graduation, and getting a job.
(D) Sowing seeds, harvesting crops, and selling produce.

192. One of the main health problems of children in India is protein-energy malnutrition (PEM). What is a common sign of severe PEM?
(A) High academic achievement
(B) Stunting (low height for age) and/or Wasting (low weight for height)
(C) Obesity
(D) Perfect vision

193. The "Menstrual Hygiene Scheme" provides adolescent girls with:

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(B) The lack of health problems among adolescents.
(C) The fact that adolescents are too busy with studies to be unhealthy.
(D) The over-availability of trained counselors.

233. In the context of legislation protecting child rights, the 'PO' in POCSO Act stands for:
(A) Prevention Of
(B) Population Of
(C) Protection Of
(D) Power Of

234. An important activity under the School Health Programme is maintaining the 'Health Card' for every student. The purpose of this card is:
(A) To record and track the student's health status, immunizations, and referrals over time.
(B) To serve as an identity card for entry into the school.
(C) To function as a report card for academic performance.
(D) To be used as a debit card for the school canteen.

235. Match the demographic concept in List I with its description in List II.
List I: (Concept)
P. Dependency Ratio
Q. Population Density
R. Life Expectancy
S. Fertility Rate
List II: (Description)
1. Number of people per unit of area (e.g., per sq. km)
2. The ratio of non-working age population to the working-age population
3. The average number of years a person is expected to live
4. The rate of reproduction in a population
Choose the correct code:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-3, R-4, S-1

236. The 'spacing' methods of family planning are primarily intended to:
(A) Prevent any future pregnancies.
(B) Help couples delay or space their pregnancies.
(C) Be used only by women over 40.
(D) Be permanent.

237. The 'cafeteria approach' to family planning was intended to counter the criticism against:
(A) The lack of any government program.
(B) The high cost of contraceptives.
(C) The over-emphasis on a single method like sterilization in the past.
(D) The involvement of NGOs.

238. An Accredited Social Health Activist (ASHA) plays a crucial role in promoting safe motherhood by:
(A) Performing complex surgeries.
(B) Driving the ambulance.
(C) Sanctioning housing loans.
(D) Counseling pregnant women, encouraging institutional delivery, and accompanying them to the health facility.

239. The most common nutritional disorder among children in India is:
(A) Protein-energy malnutrition and micronutrient deficiencies
(B) Obesity
(C) Vitamin K deficiency
(D) Food allergies

240. The following question consists of two statements, one labeled as Assertion (A) and the other labeled as Reason (R). Examine these two statements carefully and select the correct answer.
Assertion (A) : The School Health Programme is an effective platform for addressing adolescent health issues.
Reason (R) : Schools provide a setting where a large number of young people can be reached systematically for health promotion and preventive services.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

241. What is 'Population Momentum'?
(A) The speed at which a population moves

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institutional delivery through cash incentives, JSSK aimed to eliminate out-of-pocket expenses for services related to delivery and newborn care in public facilities.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

166. A major focus of Reproductive and Child Health Phase II (RCH II) was to bring about a "paradigm shift" from:
(A) A rural focus to a purely urban focus.
(B) A target-based approach to a decentralized, needs-based approach.
(C) A focus on child health to a focus only on maternal health.
(D) A government-led program to a fully privatized one.

167. Which of the following is NOT a 'vaccine-preventable disease' under India's Universal Immunization Programme (UIP)?
(A) Measles
(B) Polio
(C) Tetanus
(D) AIDS

168. A 16-year-old girl visits an Adolescent Friendly Health Clinic, worried about her irregular menstrual cycles. What is the most appropriate action for the counselor?
(A) Provide reassurance, explain the commonality of menstrual irregularities in adolescence, and if necessary, refer her for a medical check-up.
(B) Tell her it's not a real problem and send her away.
(C) Immediately advise her to start on hormonal pills.
(D) Call her parents and inform them about her visit.

169. What is the core idea behind the "Rights of Child"?
(A) That children should have the same rights and responsibilities as adults.
(B) That children's rights are secondary to the rights of their parents.
(C) That children require special protection and care due to their vulnerability.
(D) That rights are only applicable after a child turns 18.

170. Consider the following features of the Reproductive and Child Health (RCH) program in India:
(a) A client-centered, demand-driven, and quality-oriented approach.
(b) Integration of services for family planning, maternal health, and child health.
(c) A focus on the life-cycle approach, including adolescent health.
(d) An exclusive focus on urban populations.
Which of the above statements are correct?
(A) (a) and (d) only
(B) (a), (b), and (c)
(C) (b), (c), and (d)
(D) (a), (b), (c), and (d)

171. De-worming of school children with Albendazole tablets is a key activity of the School Health Programme. Why is this important?
(A) To improve their mathematical skills.
(B) To prevent them from catching a common cold.
(C) To make them more disciplined.
(D) To reduce worm load and improve school attendance.

172. A key indicator of population composition is the age-sex pyramid. A pyramid with a narrow base and a wide top signifies:
(A) A young and growing population.
(B) An aging and potentially declining population.
(C) A stable population.
(D) A population with high fertility and high mortality.

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173. The 'Emergency Contraceptive Pill' is a method of contraception that is used:
(A) As a regular, daily pill.
(B) Only by men.
(C) To prevent pregnancy after unprotected intercourse.
(D) To terminate an established pregnancy.

174. A key difference between 'Family Planning' and 'Family Welfare' is that 'Family Welfare':

control to a broader reproductive health approach.
(c) The 'cafeteria approach' was introduced to offer a choice of contraceptives.
(d) Social marketing is used to increase accessibility of contraceptives.
(e) It is now exclusively managed by private organizations.

Which of the above statements are correct?
(A) (a), (b), (c), and (d)
(B) (a), (b), (d), and (e)
(C) (c), (d), and (e)
(D) (a), (c), and (e)

Direction : Please read the following source carefully.

Demography is the scientific study of human populations, primarily with respect to their size, composition, distribution, and the changes therein over time. Key indicators are employed to measure these dynamics, including the Crude Birth Rate (CBR), Crude Death Rate (CDR), Total Fertility Rate (TFR), Infant Mortality Rate (IMR), and Maternal Mortality Ratio (MMR). A central concept in demography is the demographic cycle or transition, which describes the historical shift in population dynamics as a country develops. This model typically consists of four stages. The first, or high stationary stage, is characterized by high birth rates and high death rates, resulting in minimal population growth. The second stage, the early expanding phase, sees a dramatic decline in the death rate due to improvements in public health and sanitation, while the birth rate remains high, leading to a population explosion. In the third, or late expanding stage, the birth rate begins to decline as a result of increased education, urbanization, and access to family planning. Finally, the fourth stage, known as the low stationary phase, is marked by low birth and death rates, leading to stable or even declining population size. Many developing nations, including India, are considered to be in the late expanding stage of this transition.

Based on the above source, attempt the following five questions.

251. Which of the following best defines the primary focus of demography?
(A) The study of economic policies and their impact on national wealth.
(B) The scientific analysis of population size, composition, and change.
(C) The historical documentation of human migration patterns.
(D) The anthropological study of cultural norms and social structures.

252. According to the demographic cycle model, which stage is characterized by a high birth rate but a rapidly declining death rate, leading to significant population growth?
(A) The early expanding stage.
(B) The high stationary stage.
(C) The late expanding stage.
(D) The low stationary stage.

253. The transition from the third to the fourth stage of the demographic cycle is primarily driven by:
(A) A significant increase in the crude death rate.
(B) A resurgence of high fertility patterns due to economic prosperity.
(C) A sustained decline in the birth rate to match the low death rate.
(D) A stabilization of the death rate at a high level.

254. Based on the description provided, a country in the "late expanding stage" of the demographic cycle would most likely exhibit which combination of indicators?
(A) High CBR, high CDR, and low population growth.
(B) High CBR, declining CDR, and rapid population growth.
(C) Low CBR, low CDR, and zero or negative population growth.
(D) Declining CBR, low CDR, and slowing population growth.

255. What key factor initiates the shift from the first to the second stage of the demographic transition?
(A) A sharp increase in birth rates due to cultural shifts.
(B) Widespread adoption of family planning methods.
(C) A decline in death rates due to public health improvements.
(D) Government policies enforcing population control measures.

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(A) Legalize the use of all prenatal diagnostic techniques for any purpose.
(B) Encourage the use of ultrasound to determine the sex of the fetus.
(C) Provide a framework for increasing the national birth rate.
(D) Regulate and prevent the misuse of diagnostic technologies for sex selection.

278. According to the MTP Act, 1971, which of the following is a valid ground for a legal abortion?
(A) The family's preference for a child of a different sex.
(B) A substantial risk that the child would be born with serious abnormalities.
(C) A simple request by the couple without any medical reason.
(D) A desire to space the birth of children by less than one year.

279. The PC & PNDT Act explicitly forbids which of the following actions?
(A) Using ultrasound to detect genetic abnormalities in the fetus.
(B) Performing an abortion to save the life of the pregnant woman.
(C) Disclosing the sex of the fetus to the expecting parents.
(D) Regulating the clinics that offer prenatal diagnostic services.

280. The relationship between the MTP Act and the PC & PNDT Act can be described as:
(A) The MTP Act legalizes what the PC & PNDT Act seeks to promote.
(B) Both acts were enacted to make all abortions illegal in India.
(C) The PC & PNDT Act replaced and nullified the MTP Act entirely.
(D) The PC & PNDT Act aims to prevent the misuse of the provisions of the MTP Act for sex-selective abortion.

Direction : Please read the following source carefully.

The evolution of maternal and child health initiatives in India culminated in the launch of the Reproductive and Child Health (RCH) Program, which marked a paradigm shift from previous vertical programs. This integrated, holistic approach was adopted in the post-International Conference on Population and Development (ICPD, 1994) era, moving beyond a narrow focus on family planning targets. The RCH Program aimed to provide a "continuum of care" by bundling services for mothers and children. The first phase, RCH-I, initiated in 1997, integrated services related to child survival and safe motherhood with family planning, and also included components for preventing and managing reproductive tract and sexually transmitted infections. The core objective was to offer a package of essential services to women and children in a decentralized manner. Building upon this foundation, RCH-II was launched with an even stronger focus on improving service quality, ensuring equitable access for underserved and vulnerable populations, and strengthening infrastructure at the primary health care level. It adopted a results-based management approach, emphasizing outcomes like reductions in maternal and infant mortality rather than just service delivery outputs. This evolution represents a strategic move towards a more client-oriented and comprehensive system of public health care for women and children.

Based on the above source, attempt the following five questions.

281. The RCH Program represented a shift towards:
(A) An integrated approach combining maternal health, child health, and family planning.
(B) A vertical program focused only on sterilization targets.
(C) A program that separated child survival initiatives from maternal care.
(D) A policy focused exclusively on urban hospital-based care.

282. The launch of the RCH Program was influenced by the global consensus from which event?
(A) The World Health Assembly of 1978.
(B) The International Conference on Population and Development (ICPD), 1994.
(C) The Alma-Ata Declaration on Primary Health Care.
(D) The Millennium Summit of 2000.

283. What was a key feature added in the RCH-I phase, besides integrating safe motherhood and child survival?
(A) A focus on geriatric health care.

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methods like condoms; intrauterine devices (IUDs) which are inserted into the uterus; hormonal methods such as oral contraceptive pills and injectables; and natural methods based on fertility awareness. Terminal methods, on the other hand, are permanent surgical procedures intended to provide lifelong protection against pregnancy. These include vasectomy for males and tubectomy for females. A key strategic approach adopted in India's family planning program is the "cafeteria approach," which emphasizes the principle of informed choice. This approach entails making a wide basket of contraceptive choices available to individuals and couples, allowing them to select a method that best suits their health status, lifestyle, and reproductive goals, following comprehensive counseling. This client-centered model is fundamental to ensuring voluntary and effective use of family planning services, moving away from a prescriptive regimen to one that empowers the user.

Based on the above source, attempt the following five questions.

261. Which of the following is an example of a terminal method of contraception?
(A) Oral contraceptive pills.
(B) Intrauterine devices (IUDs).
(C) Condoms.
(D) Tubectomy.

262. The "cafeteria approach" in family planning primarily emphasizes the importance of:
(A) Promoting a single, highly effective contraceptive method for all.
(B) Allowing individuals to make an informed choice from various options.
(C) Restricting access to temporary methods in favor of permanent ones.
(D) Prioritizing natural family planning methods over modern ones.

263. According to the passage, hormonal methods and IUDs are classified as:
(A) Terminal methods.
(B) Natural methods.
(C) Spacing methods.
(D) Barrier methods.

264. What is the fundamental difference between spacing and terminal methods of contraception?
(A) Spacing methods are for males, while terminal methods are for females.
(B) Spacing methods are modern, while terminal methods are traditional.
(C) Spacing methods are less effective than terminal methods.
(D) Spacing methods are temporary and reversible, while terminal methods are permanent.

265. The main goal of the client-centered model described in the passage is to:
(A) Empower users to voluntarily select and use appropriate contraceptive methods.
(B) Mandate the use of specific contraceptives for population control.
(C) Reduce the availability of contraceptive choices to simplify the program.
(D) Focus family planning services exclusively on rural populations.

Direction : Please read the following source carefully.

The evolution of India's National Family Welfare Program reflects a significant paradigm shift over several decades, marking its journey from a narrowly focused, target-driven initiative to a comprehensive, client-centered reproductive health framework. Launched in 1952, India was the first country in the world to initiate a state-sponsored family planning program. The initial phases were characterized by a clinical approach, focusing on providing contraceptive services through government health facilities. Over time, the program became increasingly target-oriented, with demographic goals dictating the use of specific methods, particularly sterilization. This approach culminated in coercive measures during the mid-1970s, leading to a public backlash and a subsequent rethinking of the strategy. A pivotal moment in the program's evolution was the International Conference on Population and Development (ICPD) in Cairo in 1994. Following the ICPD consensus, India officially abandoned the top-down, target-based system in 1996. The program was repositioned to be more holistic and responsive, adopting a "Target-Free Approach" (TFA). This new direction emphasized meeting the health needs of individuals, promoting informed choice, ensuring high-quality service delivery, and integrating family planning with broader

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Direction : Please read the following source carefully.

The population profile of India is characterized by its immense size, complex composition, and uneven geographical distribution, all of which have profound implications for national development and policy. In terms of size, India is one of the most populous countries in the world, a demographic feature that presents both opportunities in the form of a large workforce and challenges related to resource allocation and infrastructure. The composition of the population is notable for its youthful age structure, often referred to as a "demographic dividend," which signifies a larger proportion of people in the working-age group compared to the dependent (young and elderly) population. However, this advantage is contingent on the health, education, and employability of the youth. The sex composition, reflected in the sex ratio, remains a concern due to a persistent deficit of females. Furthermore, the distribution of the population is highly variable across states, with some regions like the northern plains being densely populated while others are sparsely inhabited. A significant portion of the population continues to reside in rural areas, though the pace of urbanization is accelerating. This rural-urban composition influences patterns of socio-economic development, resource needs, and the focus of public health and family welfare programs.

Based on the above source, attempt the following five questions.

256. The term "demographic dividend" as applied to India's population composition refers to:
(A) The high proportion of elderly citizens requiring social security.
(B) The economic potential of having a large working-age population.
(C) The even distribution of the population across all states.
(D) The financial benefits derived from a high national birth rate.

257. Which of the following is identified as a persistent concern regarding India's population composition?
(A) An excessively high proportion of the elderly population.
(B) A rapidly shrinking working-age population.
(C) An overwhelming majority of the population living in urban centers.
(D) A skewed sex ratio indicating a deficit of females.

258. According to the passage, the uneven distribution of India's population implies that:
(A) Population density and resource requirements vary significantly across regions.
(B) All states have similar needs for infrastructure and resources.
(C) Rural areas are more densely populated than urban centers.
(D) The entire country has a uniform and low population density.

259. What major challenge must be addressed to fully realize the benefits of India's "demographic dividend"?
(A) Increasing the birth rate to sustain population growth.
(B) Discouraging urbanization to maintain rural communities.
(C) Ensuring the health, education, and employability of the youth.
(D) Reversing the trend of an aging population structure.

260. The passage suggests that India's rural-urban composition directly influences:
(A) The design and focus of public health and welfare programs.
(B) The country's international trade policies.
(C) The global ranking of the country's population size.
(D) The linguistic diversity found across different states.

Direction : Please read the following source carefully.

Contraception involves the deliberate use of methods or techniques to prevent pregnancy. In the context of national family welfare programs, a variety of approaches and methods are made available to cater to the diverse needs of the population. These methods can be broadly categorized into spacing and terminal methods. Spacing methods, which are temporary and reversible, are used to postpone or space pregnancies. This category includes barrier

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to space their children.
(B) A person who has completed a permanent method of sterilization.
(C) A woman who wants to prevent pregnancy but is not using any contraceptive method.
(D) An individual who does not desire to use any family planning method.

272. According to the passage, which of the following is identified as a major social issue impeding the adoption of family planning?
(A) The widespread availability of free contraceptives.
(B) Limited female autonomy in making reproductive decisions.
(C) A lack of different contraceptive methods to choose from.
(D) The high educational status of women in rural areas.

273. The role of counseling in family planning is described as a process that primarily aims to:
(A) Persuade clients to accept a specific contraceptive method chosen by the provider.
(B) Distribute contraceptive supplies without any interaction.
(C) Enforce family planning targets set by the government.
(D) Help clients make voluntary and informed decisions by addressing their concerns.

274. 'Felt need' for family planning is best defined as:
(A) A consciously perceived and expressed desire to use family planning.
(B) The gap between the desire for contraception and its actual use.
(C) The government's perception of the need for population control.
(D) The total number of contraceptives supplied through social marketing.

275. What is the primary purpose of social marketing in the context of family planning?
(A) To generate profit for private pharmaceutical companies.
(B) To conduct research on the side effects of new contraceptive methods.
(C) To use commercial marketing techniques to increase contraceptive use and acceptability.
(D) To enforce legal restrictions on the sale of certain contraceptives.

Direction : Please read the following source carefully.

India's legal framework for reproductive health includes two landmark legislations: the Medical Termination of Pregnancy (MTP) Act of 1971 and the Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) Act of 1994. The MTP Act was enacted primarily to reduce maternal mortality and morbidity resulting from unsafe, illegal abortions. It legalizes abortion under specific conditions and circumstances, defining who is authorized to perform the procedure and the types of facilities where it can be conducted. The Act allows for termination of pregnancy based on grounds such as risk to the life or health of the woman, grave injury to her physical or mental health, pregnancy resulting from rape, or the substantial risk of the child being born with serious abnormalities. In contrast, the PC & PNDT Act was specifically designed to combat the practice of female foeticide, which was becoming rampant due to the misuse of prenatal diagnostic technologies for sex determination. The Act's main objective is to prohibit sex selection, both before and after conception. It regulates the use of prenatal diagnostic techniques, such as ultrasound and amniocentesis, restricting their use to the detection of genetic abnormalities and other specified medical conditions, while strictly forbidding the disclosure of the sex of the fetus to the pregnant woman or her relatives.

Based on the above source, attempt the following five questions.

276. What was the primary objective for the enactment of the Medical Termination of Pregnancy (MTP) Act, 1971?
(A) To reduce maternal deaths and illness caused by unsafe abortions.
(B) To promote abortion as a primary method of family planning.
(C) To prohibit the termination of pregnancy under all circumstances.
(D) To enable sex determination of the fetus for genetic screening.

277. The Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) Act, 1994, primarily aims to:

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ANSWERS

1. (B) The scientific study of human populations, including their size, structure, distribution, and changes.
   Demography represents the systematic and statistical study of human populations over time. It examines the size, density, and distribution of people across various geographical regions. Furthermore, this scientific field analyzes critical dynamic processes such as fertility, mortality, and migration patterns. By understanding these demographic variables, researchers can identify significant trends in population growth and structural composition, which are essential for effective social and economic planning.

2. (A) The number of live births per 1,000 mid-year population in a given year.
   The crude birth rate serves as a fundamental demographic measure indicating the frequency of births within a specific population during a calendar year. It is calculated by dividing the total number of live births by the estimated mid-year population and multiplying the result by one thousand. This indicator provides a broad overview of fertility levels without accounting for the specific age or sex structure of the group.

3. (C) High birth rate and high death rate, resulting in very slow or no population growth.
   The high stationary phase represents the initial stage of the demographic transition model often found in pre-industrial societies. During this period, both birth rates and death rates remain exceptionally high, frequently offsetting each other. Consequently, the total population size remains relatively stable with minimal or no significant growth. Factors such as limited medical knowledge, frequent epidemics, and unreliable food supplies typically contribute to these elevated mortality levels.

4. (D) The measurable demographic characteristics of a population like age and sex.
   Population composition involves the internal structure of a human group based on specific measurable demographic variables. These attributes primarily include age, sex, marital status, and educational attainment. Understanding these characteristics is vital for policymakers because they influence various social and economic factors, such as labor force participation and healthcare requirements. Analyzing this data allows for a clearer picture of the current and future needs of a community.

5. (A) 3, 2, 4, 1
   The demographic cycle typically follows a specific chronological progression as societies undergo socio-economic development. It begins with the high stationary stage characterized by high births and deaths. Next, the early expanding phase occurs when mortality declines while fertility remains high. The late expanding stage follows as birth rates begin to drop. Finally, the low stationary stage is reached, where both vital rates are low and population stabilizes.

6. (B) Intrauterine Device (IUD)
   Contraceptive methods are generally classified as either temporary or permanent based on their intended duration and reversibility. Permanent methods involve surgical procedures like vasectomy for men or tubal ligation for women, which are meant to be irreversible. In contrast, intrauterine devices are considered long-acting reversible contraceptives. They provide effective pregnancy prevention for several years but can be removed at any time to restore a woman's fertility immediately.

7. (D) Women not using contraception who wish to avoid becoming pregnant.
   The concept of unmet need highlights the discrepancy between a woman's reproductive intentions and her actual contraceptive behavior. It specifically identifies individuals who are sexually active and wish to delay or stop childbearing but are not currently utilizing any modern family planning methods. Addressing this gap is a primary goal for public health programs to ensure that people can exercise their reproductive rights and achieve desired family sizes.

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(B) The management of reproductive tract and sexually transmitted infections.
(C) The establishment of tertiary care super-specialty hospitals.
(D) The exclusion of family planning services from the package.

284. A major emphasis of RCH-II, as distinguished from RCH-I, was on:
(A) Improving service quality and equitable access for vulnerable groups.
(B) Reintroducing demographic targets for family planning.
(C) Focusing exclusively on child immunization.
(D) Decentralizing financial power to state governments without accountability.

285. The concept of "continuum of care" within the RCH framework implies:
(A) Providing services only at one point in a person's life, such as during birth.
(B) Separating the health services for mothers from those for children.
(C) Linking services for mothers and children across different life stages.
(D) Focusing health interventions only on the neonatal period.

Direction : Please read the following source carefully.

Safe motherhood and essential newborn care are cornerstone components of the Reproductive and Child Health (RCH) strategy, aimed at drastically reducing maternal and neonatal mortality. The concept of safe motherhood encompasses a comprehensive package of care throughout the maternity cycle. This includes quality antenatal care (ANC) for early detection and management of complications, promotion of institutional deliveries or deliveries attended by skilled birth attendants, and access to emergency obstetric care (EmOC) for managing life-threatening complications. It is also crucially supported by postnatal care (PNC) for both mother and baby in the critical weeks following delivery. Essential newborn care (ENBC) complements this by focusing on the vital needs of the infant immediately after birth and during the neonatal period. Key interventions of ENBC include thermal care to prevent hypothermia, initiation of breastfeeding within the first hour, infection prevention, and recognition of danger signs. National schemes and programs have been designed to operationalize these concepts. For instance, schemes like the Janani Suraksha Yojana (JSY) promote institutional delivery by providing conditional cash transfers, while the Janani Shishu Suraksha Karyakram (JSSK) aims to eliminate out-of-pocket expenses for pregnant women and sick newborns by entitling them to free services, including delivery, drugs, and transport.
Based on the above source, attempt the following five questions.

286. Which of the following is NOT considered a core component of the safe motherhood package?
(A) Quality antenatal care.
(B) Access to emergency obstetric care.
(C) Postnatal care for the mother and baby.
(D) Geriatric health screening.

287. The primary purpose of schemes like Janani Suraksha Yojana (JSY) is to:
(A) Provide nutritional supplements to all children under five.
(B) Fund the construction of new medical colleges.
(C) Encourage institutional deliveries through conditional cash transfers.
(D) Offer free education for the girl child.

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288. Essential newborn care (ENBC) includes which key intervention immediately after birth?
(A) Administering the full course of childhood vaccines.
(B) Initiating breastfeeding within the first hour.
(C) Starting complementary solid foods.
(D) Enrolling the newborn in a formal school program.

289. The Janani Shishu Suraksha Karyakram (JSSK) aims to reduce maternal and infant mortality by:
(A) Establishing a national network of private hospitals.
(B) Mandating a two-child norm for all citizens.
(C) Focusing solely on the health of adolescent girls.
(D) Eliminating out-of-pocket expenses for delivery and newborn care in public facilities.

290. Access to Emergency Obstetric Care (EmOC) is critical within the safe motherhood strategy because it:
(A) Manages life-threatening complications during pregnancy and childbirth.
(B) Provides routine antenatal check-ups.
(C) Focuses on long-term family planning methods.
(D) Ensures the provision of nutritional advice to pregnant women.

Direction : Please read the following source carefully.

Addressing the specific health needs of children and adolescents is a critical priority within India's national health framework. Major health problems affecting children in India are often preventable and include malnutrition, particularly under-nutrition, vaccine-preventable diseases, acute respiratory infections (ARI), and diarrheal diseases. To combat these, several targeted National Health Programs have been implemented. The Universal Immunization Programme (UIP) provides free vaccination against numerous life-threatening diseases, while the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy equips health workers to manage common childhood ailments in a holistic manner. As children transition into adolescence, their health needs evolve. Adolescent health encompasses a broad spectrum of issues, including nutritional requirements (especially tackling anemia), mental health, and reproductive and sexual health. Recognizing these unique needs, specific schemes and programs have been introduced. The Rashtriya Kishor Swasthya Karyakram (RKSK), for example, is a comprehensive program that shifts the focus from a purely clinical approach to a more holistic one, addressing the nutrition, sexual and reproductive health, mental health, and substance abuse issues of adolescents. It leverages community-based interventions like peer education and facility-based services through Adolescent Friendly Health Clinics (AFHCs) to reach this crucial demographic.

Based on the above source, attempt the following five questions.

291. Which of the following is listed as a major health problem affecting children in India?
(A) Age-related macular degeneration.
(B) Osteoporosis.
(C) Acute respiratory infections (ARI).
(D) Alzheimer's disease.

292. The Universal Immunization Programme (UIP) is a National Health Program designed to:
(A) Provide free vaccinations against preventable diseases.
(B) Manage common childhood illnesses through an integrated approach.
(C) Address the mental health needs of adolescents.
(D) Improve the nutritional status of pregnant women.

293. The Rashtriya Kishor Swasthya Karyakram (RKSK) is distinct because it:
(A) Focuses exclusively on the immunization of infants.
(B) Provides services only for children under the age of five.
(C) Is a program designed to manage health issues in the elderly population.
(D) Adopts a holistic approach to adolescent health, including mental and sexual health.

294. What is the main objective of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy?
(A) To train specialist doctors for tertiary care hospitals.
(B) To equip health workers to holistically manage common childhood ailments.
(C) To build new health infrastructure in urban areas.
(D) To promote the use of traditional medicine for child health.

295. Adolescent Friendly Health Clinics (AFHCs) are a key component of programs like RKSK to:
(A) Offer financial loans for higher education to meritorious adolescents.
(B) Conduct mandatory health check-ups for school admission.
(C) Provide a confidential and supportive environment for adolescents to seek health services.
(D) Regulate the content of entertainment media targeted at adolescents.

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Direction : Please read the following source carefully.

The promotion of health among children and adolescents is increasingly framed within a rights-based perspective and implemented through institutional platforms like schools. The concept of child rights, articulated in international conventions, encompasses the right to survival, development, protection, and participation. Health programs are increasingly designed to ensure these rights are met. For instance, the right to survival and development is directly supported by schemes providing nutrition and healthcare. The School Health Programme serves as a vital institutional mechanism for operationalizing these principles. Its primary objectives are the promotion of positive health, prevention of diseases, early diagnosis, treatment, and effective follow-up of health issues. The program is multi-faceted, consisting of several key components. These include regular health screening to detect common problems like visual and hearing impairments or nutritional deficiencies; provision of services like immunization and micronutrient supplementation (e.g., iron and folic acid tablets); and imparting health education to foster healthy behaviors and life skills. A crucial aspect is also ensuring a safe and hygienic school environment, which includes access to clean drinking water and sanitation facilities. This comprehensive approach positions schools as critical centers for health promotion and disease prevention for a large segment of the youth population.

Based on the above source, attempt the following five questions.

296. The rights of a child, which form a basis for health programs, include the right to:
(A) Employment, property ownership, and political candidacy.
(B) Unrestricted access to media and unsupervised internet use.
(C) Early retirement and pension benefits.
(D) Survival, development, protection, and participation.

297. What is a primary objective of the School Health Programme?
(A) To promote positive health and enable early diagnosis of health issues.
(B) To provide vocational training for teachers.
(C) To conduct final academic examinations for students.
(D) To manage the financial administration of the school.

298. Which of the following is a key component of the School Health Programme?
(A) Designing the academic curriculum for all subjects.
(B) Conducting regular health screening and providing micronutrient supplements.
(C) Selecting students for inter-school sports competitions.
(D) Appointing the principal and administrative staff of the school.

299. How does the School Health Programme support the 'right to development' for a child?
(A) By providing financial scholarships for higher education.
(B) By addressing health issues that could impede learning and growth.
(C) By offering advanced placement courses in science and mathematics.
(D) By organizing cultural festivals and annual day celebrations.

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300. Ensuring a safe and hygienic school environment, including clean water and sanitation, is part of the School Health Programme's effort to:
(A) Fulfill a fundamental aspect of health promotion and disease prevention.
(B) Improve the aesthetic appeal of the school building.
(C) Reduce the school's operational and maintenance costs.
(D) Meet the criteria for international school accreditation.

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maternal and child health services under the Reproductive and Child Health (RCH) Program.
Based on the above source, attempt the following five questions.

266. What distinguished India's National Family Welfare Program at its inception in 1952?
(A) It exclusively promoted traditional and natural family planning methods.
(B) It was the first state-sponsored family planning program in the world.
(C) It was immediately integrated with a comprehensive reproductive health approach.
(D) It was primarily managed by non-governmental organizations.

267. The program's approach prior to the mid-1990s can be best described as:
(A) Client-centered and demand-driven.
(B) Target-oriented with an emphasis on demographic goals.
(C) Focused on holistic reproductive rights.
(D) Based exclusively on child survival initiatives.

268. What major event prompted the official shift away from a target-based system in India's family welfare program?
(A) The global consensus reached at the 1994 International Conference on Population and Development (ICPD).
(B) The achievement of all demographic targets set in the 1970s.
(C) A sudden and unexpected decline in the national birth rate.
(D) The introduction of new contraceptive technologies from developed countries.

269. The "Target-Free Approach" (TFA) adopted in 1996 prioritized:
(A) The achievement of state-wise sterilization quotas.
(B) The promotion of a single contraceptive method.
(C) Meeting the health needs of individuals and ensuring informed choice.
(D) A clinical approach focused solely on urban populations.

270. The evolution of the program after 1996 involved:
(A) A return to the clinical, top-down approach of the 1950s.
(B) The separation of family planning from maternal and child health.
(C) A complete discontinuation of all government-led family planning efforts.
(D) The integration of family planning into the broader Reproductive and Child Health (RCH) Program.

Direction : Please read the following source carefully.

The effectiveness of family planning initiatives is deeply intertwined with various social dimensions, which include understanding user perspectives and overcoming societal barriers. Two critical concepts in this domain are 'felt need' and 'unmet need'. 'Felt need' refers to the demand for family planning that is consciously perceived and expressed by individuals or couples who desire to limit or space their children. In contrast, 'unmet need' represents a significant gap between reproductive intentions and practices; it applies to sexually active women who wish to stop or delay childbearing but are not using any form of contraception. Addressing unmet need is a key objective for health programs. Social issues, such as strong son preference, pressure from family elders, and limited female autonomy in decision-making, often act as major impediments to the adoption of family planning. Furthermore, myths and misconceptions about side effects of contraceptives can create fear and resistance. To navigate these complexities, counseling plays a vital role. Effective counseling in family planning is not merely about providing information; it is an interpersonal process that helps clients explore their feelings, address their fears, and make voluntary, informed decisions. Additionally, social marketing has emerged as a strategy to improve access and acceptability of contraceptives by using commercial marketing techniques to promote health products and behaviors.
Based on the above source, attempt the following five questions.

271. Which scenario best illustrates the concept of 'unmet need' in family planning?
(A) A couple that is actively using contraceptives

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8. (A) The sex ratio has consistently been favorable to females since independence.
India has historically faced challenges regarding its sex ratio, which has generally remained unfavorable to females since the time of independence. Various social factors, including a deep-rooted preference for male children and the practice of sex-selective procedures, have contributed to this demographic imbalance. While there have been some improvements in certain regions over recent years, the overall national trend has not shown a consistent female-dominant ratio.

9. (C) A clinical approach focused on sterilization.
During its early years, India's family planning initiatives were heavily characterized by a clinical model that prioritized terminal methods. The primary emphasis was placed on conducting sterilization procedures, such as vasectomies and tubectomies, to achieve rapid population control. This approach often focused on meeting specific numerical targets rather than addressing the broader reproductive health needs or providing a wide range of contraceptive choices to individual clients.

10. (A) P-2, Q-1, R-4, S-3
Contraceptive methods are categorized according to their mechanism of action and duration of use. Barriers like condoms physically prevent sperm from reaching the egg. Hormonal methods, including oral pills, use chemicals to regulate fertility. Permanent procedures like tubectomy involve surgical intervention for long-term prevention. Intrauterine devices such as the Copper-T are inserted into the uterus to provide reversible protection over an extended period through localized chemical effects.

11. (D) To use commercial techniques to promote health and distribute products.
Social marketing in family planning utilizes traditional commercial techniques and existing distribution networks to promote healthy behaviors and increase the availability of products. By making contraceptives like condoms and oral pills available through retail outlets at subsidized prices, this strategy enhances accessibility and affordability for the general public. It bridges the gap between public health goals and consumer convenience, reaching populations that might not visit clinical facilities.

12. (B) The demand for contraception that an individual recognizes and acts upon.
Felt need in the context of reproductive health refers to the conscious recognition of a desire for family planning services by an individual. Unlike unmet need, which is an objective measure of the gap between intentions and use, felt need represents the subjective demand that drives a person to seek out and utilize contraceptive methods. Understanding this motivation is essential for designing effective communication strategies that encourage voluntary participation.

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13. (C) Helping clients make informed and voluntary decisions about their health.
Counseling is a cornerstone of effective family planning services, focusing on empowering individuals to make autonomous choices regarding their reproductive health. It involves providing comprehensive, unbiased information about various contraceptive options, including their benefits, risks, and side effects. By facilitating a supportive environment, health workers help clients select the method that best aligns with their personal lifestyle, health status, and future goals, ensuring long-term satisfaction and adherence.

14. (D) 1971
The Medical Termination of Pregnancy Act was enacted by the Indian Parliament in 1971 to provide a legal framework for safe abortion services. This landmark legislation was introduced to address the high rates of maternal mortality and morbidity resulting from clandestine and unsafe procedures. It established specific conditions and criteria under which pregnancies could be legally terminated by registered medical practitioners, balancing health considerations with legal protections.

15. (A) Both A and R are true and R is the correct explanation of A.
The Pre-conception and Pre-natal Diagnostic Techniques Act was implemented in response to the alarming decline in the child sex ratio caused by sex-selective practices. By prohibiting medical professionals from disclosing the sex of a fetus, the legislation aims to eliminate the misuse

to stabilize growth and ensure long-term demographic sustainability.

47. (A) To improve clinical quality and focus on client needs.
The introduction of the target-free approach in 1996 marked a major shift in India's family welfare strategy. Previously, health workers were pressured to meet specific numerical targets for different contraceptive methods, which often compromised the quality of care and ignored individual preferences. The new approach prioritizes the actual needs of the clients and emphasizes the quality of services provided, ensuring that family planning remains a voluntary and health-oriented choice for all individuals.

48. (B) Cafeteria approach
The scenario described exemplifies the cafeteria approach, which is central to modern family planning counseling. By presenting a variety of contraceptive options and explaining their respective characteristics, the health worker empowers the couple to make an informed choice that fits their specific circumstances. This method respects the autonomy of the individuals and increases the likelihood that they will be satisfied with their chosen method, leading to more consistent and effective use over time.

49. (B) PC and PNDT Act, 1994
The Pre-conception and Pre-natal Diagnostic Techniques Act of 1994 is the primary legal instrument in India designed to prevent the misuse of medical technology for sex determination. It regulates the use of ultrasound machines and other diagnostic tools, making it illegal for any professional to disclose the sex of a fetus. This legislation was enacted to combat the practice of female feticide and address the declining child sex ratio by ensuring these technologies are used only for legitimate medical reasons.

50. (B) (b), (c), and (e)
The effectiveness of family planning programs can be hindered by various social challenges that influence individual and community behavior. Early marriage often leads to higher lifetime fertility and limits a woman's reproductive choices. Similarly, a strong preference for male children can drive families to continue childbearing until a son is born. Furthermore, opposition from influential community or religious leaders can create barriers to the acceptance and uptake of contraceptive services within certain groups.

51. (C) The number of maternal deaths per 100,000 live births.
The maternal mortality ratio is a critical indicator used to measure the risk of death related to pregnancy and childbirth within a population. It is expressed as the number of maternal deaths that occur for every one hundred thousand live births. This ratio reflects the overall quality of the healthcare system and the accessibility of maternal health services. Reducing this number is a major priority for national and international health organizations working toward safer motherhood.

52. (D) The spread of people across geographic areas and densities.
Population distribution refers to the spatial arrangement of individuals across different geographical regions and various population densities. This demographic concept examines how people are spread out over a territory, identifying areas that are densely populated versus those that are sparsely settled. Understanding these patterns is essential for urban planning, resource allocation, and the provision of essential services like healthcare, education, and infrastructure to meet the needs of the population effectively.

53. (C) Stage 3: Late Expanding
In the third stage of the demographic cycle, known as the late expanding phase, a society experiences a significant decline in birth rates while death rates remain low. This shift is often associated with increased urbanization, better education, and improved access to family planning. Although the total population continues to grow because birth rates still exceed death rates, the overall pace of growth begins to slow down compared to the previous early expanding stage.

54. (B) Reproductive
The term Reproductive and Child Health program highlights a comprehensive approach to public health that covers the entire reproductive life span. The 'R' specifically stands for reproductive,

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and nutritional support, recognizing that family well-being depends on a comprehensive range of health interventions.

24. (A) Nutritional anaemia
Nutritional anaemia is a prevalent health concern among adolescents in India, particularly affecting young girls due to increased iron requirements during puberty. National health programs specifically target this issue through initiatives like the Weekly Iron and Folic Acid Supplementation program. Addressing anaemia is crucial because it can lead to fatigue, reduced cognitive function, and poor school performance, while also impacting future reproductive health outcomes and maternal safety.

25. (A) (a), (b), and (d)
Safe motherhood is a comprehensive initiative designed to protect the health of women during the entire reproductive process. It includes essential services such as antenatal care, skilled assistance during labor, and postpartum support for both the mother and her infant. By ensuring access to quality healthcare, the program aims to significantly reduce maternal mortality and morbidity rates, which are considered vital indicators of a nation's overall public health status.

26. (A) Adopting a life-cycle approach including adolescent health and men.
The evolution from Maternal and Child Health to Reproductive and Child Health programs introduced a more integrated life-cycle perspective to public health. This shift expanded the scope of services beyond just mothers and young children to include adolescents and men, recognizing their roles in reproductive outcomes. By addressing health needs at various stages of life, the RCH program aims to provide a more holistic and effective framework for improving national health.

27. (D) Giving the baby a full bath with soap and water.
Essential newborn care focuses on critical practices that ensure the survival and health of an infant immediately after delivery. Key interventions include maintaining the warm chain to prevent hypothermia, initiating breastfeeding within the first hour, and ensuring hygienic cord care. Providing a full bath immediately after birth is discouraged because it can cause a dangerous drop in the baby's body temperature, potentially leading to severe health complications.

28. (A) To reduce maternal and neonatal mortality by promoting institutional delivery.
The Janani Suraksha Yojana is a vital safe motherhood intervention that utilizes conditional cash transfers to encourage women to give birth in health facilities. By providing financial incentives, the program aims to reduce the number of home deliveries, which are often associated with higher risks of complications. Promoting institutional delivery ensures that mothers and newborns receive professional care and immediate emergency services if needed, thereby lowering mortality rates.

29. (C) The strain of balancing household labor with professional employment.
The dual burden in the context of women's health refers to the simultaneous responsibility for domestic chores and professional work. Many women in India face the challenge of managing household duties, childcare, and elderly care while also participating in the labor force. This combined pressure can lead to significant physical and mental stress, often resulting in neglect of their own health and nutrition, which impacts their overall well-being.

30. (D) Preterm birth complications.
Preterm birth complications are a leading cause of infant mortality in India, contributing significantly to the high number of deaths during the first month of life. Infants born before the full gestation period often face challenges with respiratory function, temperature regulation, and infections due to their underdeveloped systems. Improving neonatal care, promoting maternal nutrition, and ensuring access to specialized facilities are essential strategies for reducing the risks associated with premature births.

31. (A) Formal primary school education
The Integrated Child Development Services scheme operates through Anganwadi Centers to provide a package of essential services for young children and mothers. These services include supplementary nutrition, health check-ups, immunizations, and pre-school non-

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substance abuse prevention, the programs aim to support adolescents during this critical transition period, helping them develop into healthy and productive adults.

62. (D) Administration of pre-lacteal feeds
Essential newborn care is a set of evidence-based practices designed to maximize the survival and health of every infant. These practices include providing warmth to prevent hypothermia, ensuring infection prevention through hygienic cord care, and the early initiation of exclusive breastfeeding. The administration of pre-lacteal feeds, such as honey or sugared water, is strongly discouraged as it can introduce infections and interfere with the successful establishment of breastfeeding, which provides the best nutrition.

63. (A) It criminalizes the act of pre-natal sex determination.
The primary legal impact of the Pre-conception and Pre-natal Diagnostic Techniques Act is the criminalization of any attempt to determine or disclose the sex of a fetus. By making this practice illegal, the law seeks to eliminate the root cause of female feticide and address the declining child sex ratio in the country. The act imposes strict penalties on medical professionals and individuals who violate these regulations, emphasizing the protection of the girl child.

64. (B) A more integrated and life-cycle based approach
The transition from Maternal and Child Health to Reproductive and Child Health programs represented a move toward a more holistic public health strategy. The RCH framework integrates various components, such as family planning, safe motherhood, and adolescent health, into a single cohesive program. By adopting a life-cycle approach, it addresses health needs at different stages, from birth through adolescence and the reproductive years, ensuring a more continuous and effective system of care for the entire family.

65. (A) Both A and R are true and R is the correct explanation of A.
The Janani Suraksha Yojana utilizes a conditional cash transfer mechanism to motivate pregnant women to choose institutional delivery over home birth. This financial incentive is specifically designed to help families cover the associated costs of transportation and the potential loss of daily wages. By reducing these immediate financial barriers, the program seeks to ensure that more women have access to skilled medical care during childbirth, which is crucial for reducing maternal and neonatal mortality.

66. (A) Health promotion and disease prevention
The primary objective of the School Health Programme is to foster a healthy environment for students through various health promotion and disease prevention activities. This includes regular health screenings, immunizations, and nutrition education aimed at identifying and addressing issues early. By focusing on these preventive measures, the program ensures that children remain physically and mentally capable of achieving their academic potential. This proactive approach supports the long-term health and development of the younger generation.

67. (C) Use of Oral Rehydration Solution (ORS) and Zinc supplementation.
The management of diarrhoeal diseases at the community level focuses on preventing dehydration, which is the most common cause of death in affected children. The combined use of Oral Rehydration Solution and Zinc supplementation is considered the gold standard for treatment. ORS restores lost fluids and electrolytes, while Zinc helps reduce the duration and severity of the episode. This simple, cost-effective intervention can be easily administered at home and has significantly reduced child mortality rates.

68. (D) 18 years
According to the UN Convention on the Rights of the Child, any individual below the age of eighteen is considered a child and is entitled to the full range of protections and rights outlined in the agreement. This universal definition ensures that all young people receive the special care and support they need as they develop physically and mentally. Recognizing individuals under eighteen as rights-holders is a fundamental principle that guides child welfare policies and legal frameworks globally.

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39. (D) The empowerment and health improvement of adolescent girls.
The Kishori Shakti Yojana is a specialized government scheme designed to address the unique health and nutritional needs of adolescent girls. Its primary objectives are to improve their nutritional status, provide life skills education, and empower them to become self-reliant members of society. By targeting this specific group, the program seeks to break the intergenerational cycle of malnutrition and prepare young women for a healthy and productive adult life.

40. (A) Both A and R are true and R is the correct explanation of A.
The transition from Maternal and Child Health to Reproductive and Child Health programs reflects a significant shift toward a more comprehensive public health model. While the earlier program focused specifically on the immediate needs of mothers and infants, the RCH framework adopts a life-cycle approach. By incorporating elements like adolescent health and the management of reproductive infections, the program addresses a broader range of factors that influence long-term health and well-being.

41. (C) Right to unrestricted and unsupervised internet access
The UN Convention on the Rights of the Child outlines a wide range of fundamental rights that apply to all individuals under the age of eighteen. These include the right to life, protection from harm, and participation in matters that affect them. While children have the right to access information, the convention does not guarantee unrestricted or unsupervised internet access, as the safety and protection of the child from potential online exploitation remain paramount.

42. (A) Early detection of health problems, defects, and diseases.
Regular health screening is a cornerstone of the School Health Programme, serving as a vital tool for early intervention. By systematically examining students, health professionals can identify various physical defects, chronic diseases, or nutritional deficiencies that might otherwise go unnoticed. Early detection allows for timely referral and treatment, preventing minor issues from becoming serious health problems. This proactive approach supports the overall well-being and academic success of children within the school environment.

43. (D) Delaying cord clamping for a few minutes.
Essential newborn care includes several evidence-based practices designed to improve infant health immediately after birth. Delaying cord clamping for a short period allows for the transfer of additional blood from the placenta to the newborn, which helps increase iron stores and prevent neonatal anemia. This simple yet effective intervention is recommended as part of a package of care that includes maintaining warmth, hygienic cord management, and the early initiation of exclusive breastfeeding.

44. (B) The age and sex structure of the population.
A population pyramid is a graphical tool used by demographers to illustrate the distribution of various age groups and the sex ratio within a specific population. The shape of the pyramid provides immediate insights into the demographic history and future trends of a country. For example, a wide base indicates high fertility and a young population, while a narrow base may suggest declining birth rates and an aging population structure over time.

45. (D) (a), (b), (c), and (d)
Several complex factors contribute to the unmet need for family planning, where individuals wish to avoid pregnancy but are not using contraception. Physical barriers, such as a lack of access to services or supplies, play a major role. Additionally, psychological and social factors, including fear of side effects, limited knowledge about available methods, and opposition from family members or spouses, can significantly hinder the uptake of family planning services among various populations.

46. (D) 2.1
Replacement level fertility is the specific total fertility rate required for a population to exactly replace itself from one generation to the next, assuming no migration. In most developed nations, this value is approximately 2.1. The additional 0.1 accounts for the fact that some children may not survive to reach their own reproductive years. Achieving this level is a common goal for population policies aiming

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of technology for female feticide. This legal restriction is the primary mechanism through which the act seeks to protect the rights of the girl child.

16. (B) A skewed sex ratio at birth.
Son preference is a significant social phenomenon in many regions that exerts a profound impact on demographic trends. When families prioritize male offspring, it often leads to the misuse of medical technology to identify and terminate female fetuses. This practice directly results in a disproportionate number of male births compared to female births, creating a skewed sex ratio that can lead to long-term social and demographic imbalances.

17. (B) Coitus interruptus (withdrawal)
Natural methods of contraception rely on behavioral changes or physiological observations rather than the use of drugs, devices, or surgical procedures. Coitus interruptus, commonly known as the withdrawal method, is one such technique where the male partner withdraws before ejaculation to prevent sperm from entering the vagina. While these methods are free of chemical side effects, they often have higher failure rates compared to modern contraceptive options.

18. (A) To regulate abortion to reduce maternal mortality from unsafe procedures.
A primary objective of the Medical Termination of Pregnancy Act of 1971 is to protect women's health by ensuring access to safe and legal abortion services. Before this legislation, many women resorted to dangerous, clandestine procedures that frequently led to severe complications or death. By establishing clear regulations and medical standards, the act seeks to minimize these risks and provide a regulated environment for terminating pregnancies.

19. (C) Total Fertility Rate (TFR)
The total fertility rate is a sophisticated demographic indicator that estimates the average number of children a woman would bear throughout her reproductive life. It is calculated based on the prevailing age-specific fertility rates observed in a particular year. This measure is highly useful for comparing fertility levels across different populations or time periods, as it provides a standardized estimate of reproductive behavior independent of age structure.

20. (B) (a), (b), and (c)
The Pre-conception and Pre-natal Diagnostic Techniques Act includes several rigorous provisions to prevent sex selection. It requires the mandatory registration of all facilities using diagnostic tools like ultrasound and prohibits any advertising related to sex determination. Additionally, it regulates genetic counseling centers to ensure they operate within ethical and legal boundaries. These measures collectively aim to improve the child sex ratio by curbing the misuse of medical technology.

21. (C) Offering a wide range of contraceptive choices to individuals.
The cafeteria approach in family planning emphasizes the importance of providing clients with a variety of contraceptive options to choose from. Similar to a cafeteria where one selects food based on preference, this model allows individuals to pick a method that best suits their personal health needs and reproductive goals. This strategy promotes informed consent and enhances the likelihood that users will continue using their chosen method effectively.

22. (B) Guaranteed employment for all women of reproductive age.
Reproductive health, as defined by the International Conference on Population and Development, focuses on the well-being of the reproductive system and its processes. It encompasses the right to a safe sex life, the capacity to reproduce, and the freedom to decide the timing and spacing of children. While socio-economic factors like employment are important for overall welfare, they are not explicitly part of the core biological and rights-based definition.

23. (D) A broader approach integrating health and nutrition services.
The transition from the Family Planning Program to the Family Welfare Program in India represented a significant philosophical shift in public health policy. Instead of focusing solely on population control and birth limits, the revised program adopted a more holistic perspective. This integrated approach combined contraceptive services with maternal care, child immunization,

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emphasizing services that address sexual health, family planning, and safe motherhood. By integrating these services with child health initiatives, the program aims to provide a more holistic framework for improving the well-being of families and individuals throughout various stages of their lives.

55. (B) 1, 2, 3, 4
India has a long history of national health initiatives that have evolved over several decades. The National Family Welfare Program was established first to address population concerns. It was followed by the Reproductive and Child Health program, which adopted a more integrated approach. The National Rural Health Mission was then launched to strengthen health infrastructure in rural areas. Most recently, Ayushman Bharat was introduced to provide comprehensive health coverage and improve access to primary care.

56. (A) The length of gestation and the opinion of a registered medical practitioner.
The Medical Termination of Pregnancy Act of 1971 establishes clear legal criteria for the termination of a pregnancy. These criteria are primarily based on the duration of the pregnancy, also known as the gestation period, and require the professional judgment of one or more registered medical practitioners. The law specifies the conditions under which an abortion can be safely and legally performed, ensuring that health considerations remain the central focus of the decision-making process.

57. (C) Oral contraceptive pills
Barrier methods of contraception work by creating a physical block that prevents sperm from reaching and fertilizing an egg. Common examples include male and female condoms, as well as diaphragms. Oral contraceptive pills, on the other hand, are classified as hormonal methods. They use chemicals to prevent pregnancy, primarily by suppressing ovulation or altering the cervical mucus to hinder sperm movement. Unlike barrier methods, hormonal pills do not provide protection against sexually transmitted infections.

58. (A) Rashtriya Bal Swasthya Karyakram (RBSK)
The Rashtriya Bal Swasthya Karyakram is a significant health initiative in India focused on early childhood intervention. The program aims to systematically screen children from birth up to eighteen years of age for thirty specific health conditions, categorized as the four 'Ds': defects at birth, deficiencies, diseases, and developmental delays. By identifying these issues early, the program ensures that children receive timely medical care and support services, which can prevent long-term disabilities and improve overall health.

59. (D) Women have biologically lower immunity to all diseases compared to men.
Gender issues in health are primarily driven by social and cultural factors rather than inherent biological differences in immunity. While women may face higher risks during pregnancy, they do not naturally have lower immunity to all diseases. In many societies, however, gender inequality leads to women having less access to nutrition, education, and healthcare. These social barriers often result in women receiving lower priority within the family and having limited autonomy to seek medical treatment.

60. (A) P-4, Q-2, R-3, S-1
Family planning involves several key concepts that guide program implementation. Unmet need refers to individuals who want to delay pregnancy but are not using contraception. Felt need is the subjective desire for these services. The cafeteria approach ensures that clients have multiple options to choose from, promoting informed decision-making. Social marketing uses commercial distribution channels to increase the accessibility of subsidized products, bridging the gap between public health goals and convenient consumer access for the general population.

61. (C) It addresses the physical, mental, and social well-being of ages 10-19.
Adolescent health programs adopt a comprehensive definition of health that goes beyond the simple absence of disease. These initiatives target the ten to nineteen age group and address a wide range of needs, including physical development, mental health, and social well-being. By providing services like nutrition counseling, reproductive health education, and

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health and human rights. This new perspective recognized that empowering women, improving education, and ensuring access to comprehensive healthcare are essential for sustainable development. This shift profoundly influenced the subsequent design of India's Reproductive and Child Health programs.

77. (C) Gross Domestic Product (GDP)
Indicators like the contraceptive prevalence rate and the total fertility rate provide direct information about the performance and impact of family planning programs. Similarly, measuring the unmet need for services helps identify gaps in delivery. While Gross Domestic Product is a vital measure of a country's overall economic health, it does not directly reflect the success or specific outcomes of reproductive health initiatives. GDP is influenced by many factors beyond demography and family planning performance.

78. (D) Entitling all pregnant women in public health to free delivery care.
The Janani Shishu Suraksha Karyakram is a significant national initiative that ensures all pregnant women delivering in public health facilities receive care at no cost. This includes free drugs, diagnostics, blood, and transportation, as well as free treatment for sick infants. The program's primary goal is to eliminate out-of-pocket expenses, which can be a major barrier for poor families. By making services completely free, it encourages more women to seek professional institutional care during childbirth.

79. (A) Fast breathing
Fast breathing is a critical danger sign of pneumonia in young children and requires immediate medical evaluation and treatment. Pneumonia is a leading cause of pediatric mortality, particularly in developing regions, making early recognition vital. While cough and fever are common symptoms, the presence of rapid or difficult breathing indicates that the infection is affecting the lungs' ability to provide enough oxygen. Prompt intervention with appropriate antibiotics can significantly improve outcomes and save lives in such cases.

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80. (B) The UN Convention on the Rights of the Child
The core principle of the best interests of the child is the central guiding force for the implementation of the UN Convention on the Rights of the Child. This principle ensures that in all legal, social, and administrative decisions, the well-being and development of the child must be prioritized. It provides a protective framework that recognizes children as individual rights-holders and requires that their needs and perspectives are given primary consideration by all institutions and families.

81. (B) Stage 2 (Early Expanding)
A population pyramid with a very wide base and a narrow top is characteristic of the early expanding stage of the demographic cycle. This shape indicates that the country has a high birth rate, resulting in a large number of young children, while death rates have begun to decline due to improved health and sanitation. This combination leads to rapid population growth. Such pyramids are common in developing nations where fertility remains high but mortality is decreasing steadily.

82. (A) Social marketing
Social marketing in family planning involves the use of commercial marketing techniques to achieve social goals, such as increasing the use of contraceptives. By branding products like 'Nirodh' and 'Mala-D' and selling them at subsidized prices through existing retail networks, the program makes these items highly accessible and affordable. This strategy bridges the gap between public health facilities and everyday shopping locations, encouraging wider adoption of healthy behaviors by making the products convenient for consumers.

83. (C) Strong societal preference for sons, leading to a clandestine market.
A major challenge to the effective implementation of the Pre-conception and Pre-natal Diagnostic Techniques Act is the persistent societal preference for male children. This deep-rooted cultural norm creates a demand for sex-selective services, which can lead to a clandestine market for illegal sex determination. Even with strict regulations on medical technology, these social pressures can drive individuals to circumvent the

69. (C) Economic growth resulting from a high share of working-age people.
The demographic dividend is an economic phenomenon that occurs when a country's birth rates decline and the proportion of the working-age population increases relative to the dependent population. This shift creates a potential for rapid economic growth, as there are more people available to contribute to the workforce and fewer children to support. To fully realize this benefit, a nation must invest in education, healthcare, and job creation for its young and productive citizens.

70. (B) (b), (c), and (d)
The Medical Termination of Pregnancy Act of 1971 was established to provide a legal and regulated framework for abortion services in India. It outlines the specific conditions under which a pregnancy can be terminated and defines the qualifications for the medical practitioners authorized to perform the procedure. The central aim of the legislation is to reduce the risks associated with unsafe abortions by ensuring that women have access to safe, professional, and legal medical care.

71. (D) To offer confidential health and counseling services to adolescents.
Adolescent Friendly Health Clinics are a vital part of the Rashtriya Kishor Swasthya Karyakram, designed to provide a safe and supportive environment for young people. These clinics offer confidential health services and professional counseling on various topics, including reproductive health, nutrition, and mental well-being. By ensuring privacy and a non-judgmental approach, these facilities encourage adolescents to seek help for their health concerns, addressing the unique challenges they face during this critical developmental period.

72. (A) Centchroman (Saheli)
Centchroman, commercially known as Saheli, is a unique non-hormonal contraceptive pill developed by Indian scientists. Unlike traditional birth control pills that use hormones to prevent pregnancy, Centchroman works by modulating estrogen receptors. It is highly convenient because it only needs to be taken once a week after an initial period of more frequent use. This Indian innovation provides an effective, reversible option with fewer hormonal side effects, making it a popular choice in the national family planning program.

73. (D) Changing birth and death rates over time as a country develops.
The demographic cycle, or transition model, describes the historical progression of birth and death rates as a society undergoes socio-economic development. It typically moves from a stage of high fertility and mortality to a period where death rates drop, followed by a decline in birth rates. Eventually, the society reaches a stage where both rates are low and stable. This model helps researchers understand population growth patterns and predict future demographic changes based on development levels.

74. (A) Reversible, long-acting method
Intrauterine devices are classified as long-acting reversible contraceptives, providing highly effective pregnancy prevention for several years after a single insertion. They are an excellent option for women who want to delay childbearing without having to remember a daily pill or use a barrier method every time. Crucially, IUDs are fully reversible; once the device is removed by a healthcare professional, a woman's fertility returns to its baseline immediately, allowing for future planning and flexibility.

75. (C) (a), (b), (c), and (d)
A comprehensive School Health Programme includes several key components designed to support the overall well-being of students. Regular health check-ups and screenings allow for the early detection of issues, while Iron and Folic Acid supplementation addresses nutritional deficiencies like anemia. Additionally, the program provides health education and ensures a safe, hygienic environment within the school. These services work together to promote a healthy lifestyle and ensure that students are physically capable of focusing on their education.

76. (B) It shifted the focus toward reproductive health and rights.
The 1994 International Conference on Population and Development in Cairo marked a major turning point in global population policy. It shifted the international focus away from simple numerical population control targets toward a broader emphasis on individual reproductive

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formal education. While these centers prepare children for future learning, they do not provide formal primary school education, which is the responsibility of the formal schooling system. The focus is on holistic early childhood development and health.

32. (B) Prevention of substance misuse.
The Rashtriya Kishor Swasthya Karyakram is a comprehensive national program dedicated to addressing the diverse health needs of adolescents aged ten to nineteen. One of its key priority areas is the prevention of substance misuse, including the use of tobacco and alcohol. By providing education, counseling, and supportive services, the program aims to help young people make healthy choices and avoid behaviors that can lead to long-term health problems.

33. (B) Considering the best interests of the child as primary.
The UN Convention on the Rights of the Child is built upon four core principles that guide its implementation worldwide. One of these fundamental principles is that the best interests of the child must be a primary consideration in all actions concerning them. This ensures that the well-being and development of the child are prioritized by governments, families, and institutions, providing a protective framework that recognizes children as individual rights-holders.

34. (A) To promote student well-being through preventive services.
The primary focus of the School Health Programme is to safeguard and enhance the health of students through a variety of preventive and promotive services. By conducting regular health screenings, providing immunizations, and offering nutrition education, the program seeks to detect and address health issues at an early stage. This proactive approach ensures that children remain healthy and capable of participating fully in their education, ultimately improving their long-term development.

35. (B) P-3, Q-1, R-2, S-4
National health programs in India are designed to target specific vulnerable groups to maximize their impact. Initiatives like Janani Shishu Suraksha Karyakram focus on pregnant women and newborns, while Rashtriya Bal Swasthya Karyakram screens children up to eighteen years for various conditions. Adolescent programs address the ten to nineteen age group, and the Universal Immunization Programme provides life-saving vaccines to infants and pregnant women to prevent a range of infectious diseases.

36. (D) Ensuring women receive healthy care through childbirth.
Safe motherhood is a global health initiative that prioritizes the health and survival of women during pregnancy, labor, and the postpartum period. It involves providing a continuum of care that includes high-quality antenatal services, skilled assistance during delivery, and essential postnatal support. By focusing on these critical stages, the initiative seeks to prevent maternal deaths and complications, ensuring that the journey through motherhood is as safe and healthy as possible.

37. (C) Lack of decision-making power and mobility restrictions.
Gender-related barriers significantly impact women's ability to access healthcare services in India. Social norms often limit a woman's autonomy, meaning she may lack the authority to make decisions about her own health or spend household funds on medical care. Additionally, restrictions on mobility may prevent women from traveling to health facilities independently. These factors can lead to delays in seeking treatment, which often results in poorer health outcomes for women.

38. (B) Xerophthalmia
Xerophthalmia is a serious ocular condition primarily caused by a severe deficiency of Vitamin A, and it remains a significant public health issue for children in India. The condition progresses from night blindness to complete corneal damage if left untreated. National health programs address this by providing periodic Vitamin A supplementation to young children. Ensuring adequate intake of this essential micronutrient is vital for preventing blindness and supporting overall immune function in the pediatric population.

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law. Addressing this issue requires not only legal enforcement but also long-term social change and female empowerment.

84. (D) Health
In the context of national health initiatives, the Reproductive and Child Health program represents a comprehensive approach to the well-being of families. The 'H' in the acronym stands for health, emphasizing the program's focus on providing a broad range of clinical and preventive services. By integrating reproductive health with child health, the program seeks to address the medical and nutritional needs of mothers and children throughout various stages of their lives, ensuring a healthier future for all.

85. (B) P-3, Q-4, R-1, S-2
India has implemented various schemes and acts to address specific health and social issues. The Janani Suraksha Yojana promotes institutional delivery to reduce maternal mortality, while the Rashtriya Bal Swasthya Karyakram focuses on early screening for childhood diseases and defects. The Pre-conception and Pre-natal Diagnostic Techniques Act is designed to prevent sex-selective practices, and the Medical Termination of Pregnancy Act provides a legal and regulated framework for safe abortion services, ensuring professional medical standards.

86. (B) To prevent and treat nutritional anaemia.
The provision of Iron and Folic Acid tablets is a critical intervention aimed at addressing nutritional anaemia, which is highly prevalent among pregnant women and adolescents in India. Iron is essential for the production of hemoglobin, while folic acid supports healthy cell growth and prevents certain birth defects. By ensuring adequate intake of these micronutrients, national health programs help improve maternal health, support fetal development, and enhance the overall physical and cognitive well-being of young people.

87. (D) The number of females per 1000 males.
In the Indian census, the sex ratio is a demographic indicator defined as the number of females for every one thousand males in a population. This measure provides important insights into the gender balance and social health of a region. A declining sex ratio can indicate underlying issues such as gender discrimination or the practice of sex selection. Monitoring this ratio over time is essential for evaluating the impact of social policies and programs aimed at promoting gender equality.

88. (A) Client-centered and non-judgmental.
Effective counseling in family planning must be client-centered and conducted in a non-judgmental manner. This approach ensures that individuals feel comfortable discussing their reproductive health needs and concerns. The counselor's role is to provide accurate information and support, allowing the client to make a voluntary and informed choice based on their own lifestyle and goals. By prioritizing the client's perspective and autonomy, health workers can build trust and improve the long-term uptake and satisfaction with contraceptive methods.

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89. (C) Many people depend on the working-age population for support.
A high dependency ratio indicates that a large proportion of a country's population consists of individuals who are not of working age, such as young children and the elderly. This means that a relatively small group of working-age people must provide economic and social support for many dependents. This demographic situation can place significant strain on a nation's resources, influencing government spending on healthcare, education, and social security, as well as affecting overall economic productivity and growth potential.

90. (A) Both A and R are true and R is the correct explanation of A.
The evolution of India's family planning initiatives reflects a significant shift from simple population control to a broader reproductive and child health framework. National and international experiences showed that narrow, target-driven approaches were often ineffective because they neglected individual rights and the quality of care provided. By adopting a more holistic model, the program now addresses a wider range of health needs, recognizing that sustainable population goals are best achieved through voluntary participation and improved overall well-being.

assist the woman in preparing for a safe delivery and successful breastfeeding. These health-focused interventions are vital for ensuring a positive outcome, while administrative matters like obtaining a driver's license are unrelated to maternal care.

120. (B) (a), (b), and (c)
The Integrated Child Development Services scheme provides a standardized package of six essential services through a network of Anganwadi centers. These services include supplementary nutrition, immunizations, health check-ups, and pre-school non-formal education. Additionally, the program offers referral services and nutrition education for mothers. While these centers focus on the holistic development and health of young children, they do not provide formal primary school education, which is the role of the established formal schooling system following early childhood.

121. (C) High growth rates perpetuate poverty and prevent birth rate reduction.
A demographic trap occurs when a country experiences a rapid decline in death rates while birth rates remain stubbornly high. This leads to sustained high population growth that can outpace economic development and put immense pressure on national resources. In such a situation, the resulting poverty can prevent the social and economic changes that typically lead to a reduction in birth rates, creating a self-perpetuating cycle of high growth and limited advancement that is difficult to break.

122. (A) A shift to a more holistic approach incorporating maternal and child health.
The renaming of the National Family Planning Program to the National Family Welfare Program in 1977 signaled a major change in India's public health philosophy. This shift moved the program away from a narrow focus on birth control and population numbers toward a more comprehensive and holistic approach. The revised program integrated contraceptive services with maternal care and child health initiatives, recognizing that family well-being is achieved through a broad range of supportive health and nutrition services.

123. (D) Holistic and comprehensive perspective
The comprehensive definition of reproductive health emphasizes that well-being involves more than just the absence of illness or dysfunction in the reproductive system. It adopts a holistic perspective that includes physical, mental, and social aspects of health throughout the life span. This approach recognizes that individuals have the right to a safe sex life, the ability to reproduce, and the freedom to make informed choices about their fertility. This broad perspective is essential for designing effective and respectful health services.

124. (B) To eliminate out-of-pocket expenditure for both pregnant women and sick infants.
The Janani Shishu Suraksha Karyakram is a significant national initiative designed to ensure that financial constraints do not prevent pregnant women or sick infants from receiving essential medical care. By providing free drugs, diagnostics, blood, and transportation in public health facilities, the program aims to eliminate out-of-pocket expenses for families. This removal of financial barriers is crucial for promoting institutional delivery and ensuring that infants receive prompt treatment, ultimately helping to reduce maternal and neonatal mortality rates.

125. (C) (a), (b), (c), and (e)
Gender issues profoundly influence women's health in India through various social and cultural mechanisms. Women often face greater barriers to accessing healthcare and frequently have less decision-making power regarding their own medical needs. Additionally, a strong preference for male children can lead to the neglect of health and nutrition for girls. Gender-based violence also poses significant risks to physical and mental well-being. Furthermore, women's health is often narrowly equated only with maternal issues, neglecting other critical health needs.

126. (D) Vaccine-preventable diseases
The Universal Immunization Programme is a flagship public health initiative in India that aims to protect infants and pregnant women from a specific set of life-threatening, vaccine-preventable diseases. By providing free vaccines for conditions like polio, measles, tetanus, and tuberculosis, the program has significantly

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and educational approach is the most effective first step for a health worker. By holding meetings to provide accurate information and sharing experiences from satisfied users, the worker can address rumors and build trust within the community. This method respects individual concerns and promotes informed decision-making, which is more likely to lead to the voluntary and successful adoption of family planning practices over time.

99. (C) Industrialization, urbanization, and falling birth rates.
The late expanding stage of the demographic cycle is characterized by a significant decline in birth rates alongside continued low mortality. This transition is typically associated with the processes of industrialization and urbanization, which change social structures and economic incentives. As more people move to cities and gain better access to education and family planning, the perceived cost of raising children increases, leading to smaller family sizes. During this phase, population growth continues but at a slower and more manageable pace.

100. (A) (a), (b), (c), and (d)
A comprehensive School Health Programme provides a standard set of services aimed at improving the health of students. This includes regular health screenings and referrals to identify and address issues early. The program also offers first aid, supports a healthy psycho-social environment, and provides micronutrient supplementation to prevent deficiencies. These health-focused activities are integrated into the school setting to ensure that children are healthy and ready to learn, while academic curriculum development remains the responsibility of educational specialists.

101. (C) The total number of individuals residing in the country at a specific time.
In a demographic context, the size of a population refers to the total count of all individuals living within a specified geographic area, such as a country, at a particular point in time. This number is a fundamental data point for national planning and resource allocation. By tracking population size through censuses and other surveys, governments can understand the scale of the needs for essential services like housing, healthcare, food security, and transportation infrastructure for their citizens.

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102. (B) In-vitro Fertilization (IVF)
Contraceptive methods are specifically designed to prevent pregnancy, either through temporary means like oral pills and intrauterine devices or through permanent surgical procedures like tubal ligation. These methods work by preventing ovulation, blocking the meeting of sperm and egg, or preventing implantation. In contrast, In-vitro Fertilization is an assisted reproductive technology used to help individuals conceive a child when they are facing fertility challenges. It is a treatment for infertility rather than a method of preventing pregnancy.

103. (D) The socially constructed roles and behaviors appropriate for men and women.
In the context of public health, the term gender refers to the socially constructed roles, responsibilities, and behaviors that a society considers appropriate for men and women. Unlike sex, which refers to biological and physiological characteristics, gender is influenced by cultural norms and can change over time. These social expectations profoundly impact health by affecting access to resources, decision-making power, and exposure to various risks, making gender a critical factor in understanding and addressing health disparities.

104. (A) Janani Shishu Suraksha Karyakram (JSSK)
The Janani Shishu Suraksha Karyakram is a national scheme that entitles every pregnant woman delivering in a public health facility to several free services, including transportation. This initiative covers the cost of travel from home to the facility, transfers between facilities if needed, and the return trip home after discharge. By removing the burden of transportation costs, the program ensures that financial barriers do not prevent women from accessing life-saving institutional care during and after childbirth.

105. (A) 3, 4, 1, 2
India's family welfare strategy has undergone a significant chronological evolution. It began with a clinical approach that focused heavily on sterilization to achieve population control. This was followed by the integration of family planning with broader maternal and child health

services. Later, the target-free approach was introduced to move away from numerical quotas toward quality care. Finally, the Reproductive and Child Health approach was adopted, providing a more comprehensive and holistic framework that addresses health needs throughout the life cycle.

106. (A) Increasing the gestation limit for termination of pregnancy for certain categories of women.
The 2021 amendment to the Medical Termination of Pregnancy Act introduced several key changes to modernize and expand access to safe abortion services in India. A major revision involved increasing the upper gestation limit for terminating a pregnancy from twenty to twenty-four weeks for specific categories of women, such as survivors of sexual assault or those with fetal abnormalities. This change recognizes the complex circumstances women may face and ensures that legal protections align with advances in medical science and human rights.

107. (D) Infant Mortality Rate (IMR)
The infant mortality rate is a specific demographic indicator that measures the probability of a child dying before reaching their first birthday. It is calculated as the number of infant deaths per one thousand live births in a given year. This rate is widely considered a primary indicator of the overall health and well-being of a society, as it reflects the quality of prenatal and neonatal care, maternal nutrition, and the general environmental conditions in which children are raised.

108. (B) The cultural taboo around discussing sexuality and reproductive health.
In many societies, a strong cultural taboo surrounds the open discussion of sexuality and reproductive health, which can significantly impede the effectiveness of family planning programs. This silence often prevents young people from accessing accurate information and seeking appropriate services, leading to misconceptions and fears. Overcoming these barriers requires sensitive communication and education strategies that respect cultural contexts while promoting the importance of reproductive health and individual rights in a supportive and non-judgmental manner.

109. (C) Integrated Child Development Services (ICDS)
The Integrated Child Development Services is a flagship national program in India designed to provide holistic support for the healthy development of children aged zero to six years. The program's overarching goal is to improve both the health and nutritional status of young children, as well as support pregnant and lactating mothers. By providing services like supplementary nutrition, immunizations, and pre-school education through a network of Anganwadi centers, the program addresses the critical needs of early childhood development.

110. (B) P-2, Q-4, R-1, S-3
Various health initiatives and laws in India are designed to address specific demographic and medical needs. Janani Suraksha Yojana utilizes cash incentives to promote institutional deliveries, while the Pre-conception and Pre-natal Diagnostic Techniques Act prohibit sex determination to improve the sex ratio. Adolescent health counseling is a key part of the Rashtriya Kishor Swasthya Karyakram. Additionally, spacing methods like intrauterine devices are promoted within family planning programs to help couples manage the timing of their pregnancies effectively.

111. (A) 'Felt need' is a recognized desire; 'unmet need' is the gap between intentions and use.
In family planning, it is crucial to distinguish between different types of demand for services. Felt need occurs when an individual personally recognizes a desire for contraception and acts upon it. In contrast, unmet need is a demographic measure that identifies women who wish to delay or stop childbearing but are not currently using any contraceptive method. While felt need is subjective and internal, unmet need represents an objective gap in service utilization that public health programs aim to fill.

112. (B) Maternal Mortality Ratio (MMR)
The safe motherhood initiative is fundamentally aimed at ensuring that pregnancy and childbirth are as safe as possible for all women. Its most significant goal is to achieve a substantial reduction in the maternal mortality ratio, which measures the frequency of deaths related to pregnancy. By providing a continuum of care

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that includes antenatal support, skilled delivery assistance, and postnatal care, the program seeks to prevent the common complications that lead to maternal deaths, thereby improving women's overall health.

113. (B) The responsibility of doing homework
The UN Convention on the Rights of the Child guarantees every child the right to protection from a wide range of harmful activities, including violence, economic exploitation, and the use of dangerous substances. These protections are essential for ensuring a child's safety and healthy development. While children have many rights, they also have developmental responsibilities within their education system, such as doing homework, which is not considered an infringement on their rights but rather a part of their educational growth and participation.

114. (A) Ministry of Health & Family Welfare and Ministry of Education
The School Health Programme in India is a collaborative national initiative that brings together the expertise of the Ministry of Health and Family Welfare and the Ministry of Education. By working together, these ministries ensure that health services and education are integrated within the school environment. This partnership allows for the effective delivery of screenings, immunizations, and nutrition education to students, creating a supportive setting that promotes both physical well-being and academic achievement for the younger generation.

115. (A) Both A and R are true and R is the correct explanation of A.
Exclusive breastfeeding during the first six months of life is a cornerstone of essential newborn care and is strongly recommended by health organizations. Breast milk provides the perfect balance of nutrients required for an infant's growth and development. Furthermore, it contains vital antibodies that strengthen the baby's immune system, offering protection against many common childhood infections. This natural practice not only ensures optimal nutrition but also fosters a strong bond between the mother and her child.

116. (D) Young population
A population pyramid with a broad base signifies that the population has a large proportion of young individuals. This shape is usually the result of high birth rates over a sustained period. Such a demographic structure is often seen in developing countries where fertility remains elevated. A young population creates both opportunities for a future workforce and challenges for providing adequate education, healthcare, and employment as this large group of children grows into adulthood and enters the productive years.

117. (C) Vasectomy and Tubectomy
Permanent methods of contraception, also known as sterilization, are intended for individuals or couples who have achieved their desired family size and do not want any more children. Vasectomy for men and tubectomy for women are surgical procedures that provide a highly effective and long-term solution for family planning. These methods are considered irreversible and do not require ongoing action or supplies. They are a significant component of national family welfare programs aiming for sustainable population stabilization through voluntary participation.

118. (B) The adolescent girl's education, health, and overall development.
Child marriage is a critical social and health issue that profoundly impacts the lives of adolescent girls in India. Marrying at a young age often leads to the discontinuation of education and limits future economic opportunities. Furthermore, early marriage is frequently followed by premature pregnancy and childbirth, which carry significant health risks for both the young mother and her infant. Addressing this practice is essential for protecting the rights of girls and ensuring their healthy physical, mental, and social development.

119. (D) The procedure for obtaining a driver's license
During the second trimester of pregnancy, safe motherhood practices focus on providing a woman with essential health information and support. Counseling typically covers proper nutrition, the importance of rest, and the recognition of potential danger signs that require medical attention. Additionally, health workers

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the severity of potential disabilities and improve the overall quality of life and development for affected children.

148. (D) Adolescents
The Weekly Iron and Folic Acid Supplementation program is a targeted national initiative designed to address the high prevalence of nutritional anaemia among adolescents. This age group has increased iron requirements due to rapid physical growth and the onset of menstruation in girls. By providing these essential micronutrients through schools and community centers, the program aims to improve the health and cognitive performance of young people, ensuring they are better prepared for the demands of adulthood and future parenthood.

149. (C) Human beings with their own rights.
The modern concept of child rights is based on the fundamental principle that children are individual human beings with their own inherent rights and dignity. This perspective shifts the view of children from being the property of their parents or mere future economic assets to being active participants in society who require special care and protection. These rights, recognized globally, ensure that every child's physical, mental, and social development is protected and prioritized by families, communities, and the state.

150. (A) (a), (b), (c), and (d)
Early marriage has profound and often negative consequences for the lives of young girls. It frequently leads to the immediate discontinuation of their education, which significantly limits their future economic opportunities and personal development. Furthermore, marrying young often results in early pregnancies, which carry higher risks of maternal and infant mortality. It also typically leads to a longer reproductive span and higher lifetime fertility. These factors combine to perpetuate cycles of poverty and poor health for women and their families.

151. (D) It tracks changing birth and death rates over development.
The demographic cycle, or transition model, is a vital tool for understanding how population dynamics change in relation to a society's socio-economic development. It outlines a progression through different stages, starting from high birth and death rates and moving toward a stage where both are low and stable. This model helps researchers identify patterns in population growth and provides a framework for predicting future demographic shifts based on improvements in healthcare, education, urbanization, and overall living standards.

152. (A) To provide information and support for informed decision-making.
In a family planning clinic, the counselor's primary role is to empower clients to make autonomous and informed choices about their reproductive health. This involves providing accurate and comprehensive information about a variety of contraceptive options, including their benefits and potential side effects. By creating a supportive and non-judgmental environment, the counselor helps clients evaluate their choices in the context of their personal health and goals. This process ensures that decisions are voluntary and based on a clear understanding of all available methods.

153. (C) The doctor, the clinic, and the person seeking the test.
The Pre-conception and Pre-natal Diagnostic Techniques Act includes stringent legal penalties designed to deter the practice of sex selection. These penalties are not limited to the medical professionals who perform the illegal test; they also apply to the clinics where the procedure takes place and the individuals or family members who seek out the sex determination service. This comprehensive legal framework aims to hold all parties involved in female feticide accountable, reflecting the high priority placed on protecting the girl child.

154. (A) The inclusion of a life-cycle health approach for mothers and children.
The transition from Maternal and Child Health to Reproductive and Child Health programs marked a significant paradigm shift in public health. This evolution introduced a life-cycle approach that expanded the scope of care beyond the immediate period of childbirth. The RCH program addresses health needs at various stages, including adolescence and the reproductive years, while also incorporating the management of reproductive tract infections. This integrated

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reduced childhood mortality and morbidity. Ensuring high immunization coverage is a cornerstone of national health policy, protecting the most vulnerable members of society and contributing to the overall improvement of public health.

127. (A) Rashtriya Kishor Swasthya Karyakram (RKSK)
Peer educators are a fundamental component of the Rashtriya Kishor Swasthya Karyakram, which targets the health and well-being of adolescents. This strategy recognizes that young people are often more comfortable discussing sensitive topics, such as reproductive health and mental well-being, with their own peers. By training adolescents to provide accurate information and support to their friends, the program effectively reaches a larger audience and encourages healthy behaviors in a relatable and non-threatening way within the community.

128. (B) Active participation of students, teachers, and parents.
The success of any School Health Programme depends heavily on the active and collaborative participation of the entire school community, including students, teachers, and parents. This collective involvement ensures that health messages are reinforced at school and at home, and that health services are utilized effectively. When teachers act as health ambassadors and parents support healthy habits, it creates a sustainable environment that prioritizes well-being, leading to better health outcomes and academic success for the children involved.

129. (B) Home-based care, community outreach, and facility-based services.
The continuum of care strategy in reproductive and child health is designed to provide seamless healthcare services across different levels of the system. This involves connecting care provided in the home by families and community workers with outreach services and professional care at health facilities. By linking these different components, the strategy ensures that individuals receive appropriate and timely support at every stage, from prevention and health promotion to the management of complications and emergency medical services.

130. (A) To reduce the risks of early pregnancy and childbirth for the mother and child.
Raising the legal age of marriage for girls in India was a significant public health measure intended to protect the well-being of young women. Physically and emotionally, adolescents are often not prepared for the demands of pregnancy and childbirth. Delaying marriage helps prevent early pregnancies, which are associated with higher risks of maternal mortality, low birth weight infants, and other neonatal complications. This change supports the overall health of mothers and children while also promoting greater educational opportunities for girls.

131. (C) The counselor offers information on all methods to help the client choose.
In the cafeteria approach to family planning counseling, the primary goal is to empower the client to make an autonomous and informed choice. A counselor following this method provides comprehensive and unbiased information about all available contraceptive options, including their benefits and potential drawbacks. This process ensures that the individual or couple can select the method that best aligns with their personal health status, lifestyle, and future reproductive goals, promoting higher satisfaction and more consistent use.

132. (D) Decriminalized abortion under certain conditions to ensure safety.
The Medical Termination of Pregnancy Act of 1971 was a landmark piece of legislation that profoundly changed the legal landscape for reproductive health in India. By decriminalizing abortion under specific medical and social conditions, the act moved the procedure into a regulated clinical environment. This change was essential for ensuring that women had access to safe, professional abortion services, thereby reducing the high number of deaths and injuries previously caused by illegal and unsafe practices performed by unqualified individuals.

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133. (C) Fertility
The total fertility rate is a key demographic indicator that provides a direct measure of the reproductive behavior of a population. It estimates the average number of children a woman would have in her lifetime based on current age-specific fertility rates. This statistic is

91. (D) Creating protective environments for children in difficult situations.
The Integrated Child Protection Scheme, now part of Mission Vatsalya, is a comprehensive program designed to provide a safety net for children in difficult circumstances. This includes those who are abandoned, orphaned, or victims of abuse and exploitation. The program focuses on creating protective environments through institutional care and community-based services. By strengthening the child protection system, the initiative ensures that vulnerable children receive the support, care, and legal protection they need for their survival and healthy development.

92. (B) Linking care from pre-pregnancy through pregnancy, childbirth, and the postnatal period for both mother and baby.
The safe motherhood initiative emphasizes a continuum of care, which involves providing integrated healthcare services throughout all stages of the reproductive process. This includes care before conception, during pregnancy, at the time of delivery, and throughout the postnatal period. By linking these critical stages, the program ensures that both the mother and her newborn receive consistent and high-quality medical support. This comprehensive approach is essential for identifying potential complications early and significantly reducing maternal and neonatal mortality.

93. (C) The skills of health workers through training.
A key objective of the second phase of the Reproductive and Child Health program was to enhance the quality of services by improving the skills of healthcare providers. Through systematic training and capacity building, health workers were equipped with the latest medical knowledge and clinical techniques. This focus on skill development ensures that mothers and children receive more effective and professional care at all levels of the health system, which is vital for achieving national health goals.

94. (D) Alzheimer's Disease
National health programs for children in India focus on addressing the most prevalent and life-threatening issues, such as malnutrition, vaccine-preventable diseases, and diarrhoeal illnesses. These conditions contribute significantly to child mortality and morbidity and can be effectively managed through public health interventions. Alzheimer's disease, however, is a degenerative neurological condition that primarily affects the elderly population and is not a health concern addressed within the scope of pediatric or childhood health initiatives.

95. (D) (a), (b), (c), and (d)
The UN Convention on the Rights of the Child outlines several fundamental rights that are essential for the healthy development and well-being of all young people. These include the right to a legal identity, access to quality education, and protection from economic exploitation or harmful work. Additionally, the convention recognizes the right of children to express their views freely and have them considered in matters that affect them. These principles provide a comprehensive framework for child welfare policies globally.

96. (B) The Infant Mortality Rate (IMR).
The infant mortality rate is a classic example of a demographic indicator, as it measures the frequency of deaths occurring among infants under one year of age per one thousand live births. This statistic provides a powerful insight into the overall health status of a population, reflecting the quality of maternal care, nutrition, and environmental conditions. Demographic indicators are essential tools for researchers and policymakers to monitor trends, evaluate the impact of health programs, and plan for future needs.

97. (B) A permanent surgical method of contraception for males.
Vasectomy is a highly effective, permanent surgical method of contraception designed for men who have decided that they do not want any more children. The procedure involves cutting or blocking the tubes that carry sperm, preventing them from being part of the ejaculate. It is a relatively simple and safe procedure that does not affect sexual function. As a terminal method, it provides a reliable long-term solution for family planning, ensuring that the decision to limit family size is permanent.

98. (A) Hold a meeting to discuss correct information and satisfied users.
When community members have misconceptions or fears about contraceptive methods, a proactive

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for people to obtain family planning supplies as part of their regular routines, significantly improving overall contraceptive prevalence.

141. (C) Migration
Migration is a primary demographic process that involves the physical movement of individuals or groups from one location to another, often across administrative or political boundaries. This movement can be internal, such as from rural to urban areas, or international. Migration significantly influences the size, distribution, and composition of populations in both the areas of origin and destination. Understanding these patterns is essential for urban planning, resource management, and addressing the social and economic needs of mobile populations.

142. (D) Intrauterine Device (IUD)
For a woman seeking a contraceptive method that is both long-acting and reversible, the intrauterine device is a highly suitable recommendation. Once inserted into the uterus by a healthcare professional, an IUD provides very effective pregnancy prevention for several years without requiring daily action. Crucially, the method is fully reversible; if the woman decides she wants to become pregnant, the device can be easily removed, and her fertility typically returns to its baseline immediately, offering both convenience and flexibility.

143. (A) Reproductive and Child Health (RCH) Program
The Child Survival and Safe Motherhood program served as a vital precursor to the more comprehensive Reproductive and Child Health program in India. While the CSSM initiative focused primarily on reducing maternal and infant mortality through targeted interventions like immunization and antenatal care, the subsequent RCH program adopted a more holistic life-cycle approach. This evolution expanded the scope of services to include adolescent health and the management of reproductive tract infections, providing a more integrated framework for national health.

144. (B) Skin-to-skin contact and exclusive breastfeeding.
Kangaroo Mother Care is a highly effective and evidence-based intervention specifically designed for the care of low birth weight and preterm infants. Its two essential components are continuous skin-to-skin contact between the baby and the mother and the promotion of exclusive breastfeeding. This approach helps the infant maintain a stable body temperature, reduces the risk of serious infections, and supports optimal growth and development. KMC is a low-cost, high-impact intervention that significantly improves neonatal survival rates.

145. (A) (a) and (c)
India's demographic profile is characterized by several significant trends. The country currently possesses one of the world's largest youth populations, which offers a potential demographic dividend for economic growth. However, there are also challenges, such as a declining sex ratio at birth in some regions due to social preferences and the misuse of medical technology. While some states have reached replacement level fertility, others have not, and population distribution remains highly uneven across the different geographical regions of the country.

146. (A) Gender inequality affects access to resources like food, education, and healthcare.
Gender issues are critical in women's health because they often stem from systemic inequalities that limit a woman's access to vital resources. In many societies, social norms and power imbalances result in women having less control over their own nutrition, education, and medical decisions. These disparities can lead to poorer health outcomes throughout their lives. Addressing gender inequality is essential for ensuring that women can achieve their full health potential and exercise their fundamental right to quality healthcare.

147. (C) Providing early intervention services to minimize disability.
Screening for developmental delays is a vital component of the Rashtriya Bal Swasthya Karyakram, as it allows for the early identification of conditions that could impact a child's long-term functioning. Early detection is crucial because it enables the provision of specialized intervention services during the formative years when they are most effective. By addressing these delays promptly, the program seeks to minimize

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vital for understanding population growth trends and planning for future social services. Unlike crude birth rates, the total fertility rate provides a more refined measure of fertility that is not influenced by the age structure of the population.

134. (B) Condom
Spacing methods of contraception are designed for individuals or couples who want to delay or space their pregnancies rather than end their fertility permanently. The condom is a classic example of a spacing method; it is used on a temporary basis and is completely reversible. These methods provide flexibility, allowing users to choose when they want to conceive. In contrast, terminal methods like vasectomy or tubectomy are permanent surgical procedures intended for those who have completed their desired family size.

135. (B) P-2, Q-4, R-3, S-1
Demographers use several standardized indicators to measure population characteristics and trends. The crude death rate tracks overall mortality per thousand people, while the infant mortality rate specifically measures deaths among those under one year of age. The total fertility rate provides an estimate of the average number of children born to a woman, and the sex ratio indicates the balance of females to males. These measures are essential for analyzing the health and structural dynamics of any society.

136. (A) Adolescent
The RCH+A strategy represents an expanded national health framework that explicitly includes adolescents as a key target group. The 'A' stands for adolescent, recognizing the unique physical, mental, and reproductive health needs of young people aged ten to nineteen. By integrating adolescent health into the existing Reproductive and Child Health program, the government aims to provide a more holistic life-cycle approach to public health, ensuring that this large and vital segment of the population receives appropriate support and services.

137. (C) Mental health issues like depression and anxiety
Mental health is a major priority area within the Rashtriya Kishor Swasthya Karyakram, as adolescence is a period of significant emotional and psychological change. Young people often face various pressures that can lead to depression, anxiety, and other mental health challenges. The program aims to address these issues through counseling, education, and early intervention services. By promoting mental well-being and providing supportive environments, the initiative helps adolescents navigate this critical stage of life and develop into healthy, resilient adults.

138. (A) Children have the right to express their views and have them taken seriously in matters affecting them.
The principle of participation is a fundamental pillar of the UN Convention on the Rights of the Child. it recognizes that children are individuals with their own perspectives and have the right to express their opinions freely. Furthermore, it requires that these views be given due weight in all decisions that affect their lives, according to their age and maturity. This principle empowers children to be active participants in their own development and promotes a more inclusive and respectful society.

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139. (D) Recommend the children for screening and ensure they receive weekly Iron and Folic Acid (IFA) supplements as per the program.
When a health issue like suspected anemia is identified in a school setting, the appropriate response under the School Health Programme is to follow established clinical protocols. This involves referring the students for professional screening and ensuring they participate in the national Weekly Iron and Folic Acid Supplementation program. By providing these essential micronutrients, the program addresses the root cause of the fatigue and pallor, helping to improve the children's health, cognitive function, and academic performance.

140. (A) Both A and R are true and R is the correct explanation of A.
Social marketing has proven to be an effective strategy for increasing the uptake of contraceptives like condoms by making them more accessible and affordable. This approach leverages existing commercial retail networks, which often reach further into communities than public health facilities. By providing branded products at subsidized prices through local shops and pharmacies, the program makes it convenient

model provides a more continuous and holistic framework for improving the overall well-being of families.

155. (A) 1, 3, 2, 4
India has introduced several national health initiatives in a specific chronological order to address evolving public health needs. The National Family Planning Program was established first, followed by the Child Survival and Safe Motherhood program, which focused on reducing mortality. Later, the target-free approach was introduced to emphasize the quality of care in family welfare. Finally, the National Rural Health Mission was launched to strengthen health infrastructure and service delivery in rural areas, providing a more comprehensive framework for national health.

156. (B) Proactive methods used to prevent neonatal hypothermia.
Maintaining the warm chain is a critical component of essential newborn care, consisting of a series of proactive steps taken to keep the infant's body temperature stable. This is vital because newborns are highly susceptible to hypothermia, which can lead to serious health complications or death. The warm chain includes immediate drying after birth, skin-to-skin contact with the mother, and delaying the first bath. These simple but effective practices ensure that the baby stays warm and healthy during the first hours of life.

157. (C) The practice of female genital mutilation in some cultures.
Female genital mutilation is a severe example of a gender-based issue that profoundly and negatively impacts the health and rights of women and girls. This practice, often rooted in traditional social norms and beliefs about femininity, can cause immediate and long-term physical and psychological harm, including severe infections and complications during childbirth. Addressing such harmful practices requires a comprehensive approach that includes legal measures, education, and community-based initiatives to promote gender equality and protect the fundamental well-being of women and girls.

158. (D) Cleft lip and palate
Cleft lip and palate is a classic example of a birth defect that can be identified through early screening programs like the Rashtriya Bal Swasthya Karyakram. This condition occurs when the tissues of the lip or mouth do not fuse properly during fetal development. Early identification is crucial because it allows for timely surgical intervention and supportive care, which can significantly improve a child's ability to eat, speak, and develop normally. Addressing such defects early helps prevent long-term physical and social challenges for the child.

159. (A) Nutrition, health, and life skills education.
The SABLA scheme, also known as the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls, is designed to support the holistic development of young women. It focuses on several key areas, including improving their nutritional status, providing essential health information, and offering life skills education. By addressing these needs, the program aims to empower adolescent girls to make healthy choices, develop self-confidence, and prepare for the various challenges and responsibilities of adult life, ultimately improving their overall well-being and social status.

160. (B) P-2, Q-3, R-4, S-1
Different contraceptive methods work through various biological and physical mechanisms to prevent pregnancy. Oral pills primarily function by suppressing ovulation, while condoms act as a physical barrier that prevents sperm from reaching the egg. Intrauterine devices like the Copper-T work by creating a localized environment that prevents the implantation of a fertilized egg. Permanent methods like vasectomy involve a surgical procedure that prevents sperm from being released during ejaculation. Understanding these mechanisms helps individuals choose the method that best suits their needs.

161. (C) Replacement level fertility
Achieving a total fertility rate of 2.1 is a significant milestone in population policy, known as replacement level fertility. At this rate, a population exactly replaces itself from one generation to the next, assuming no migration and accounting for childhood mortality.

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Reaching this level is a key goal for programs aiming for long-term population stabilization. It ensures that the population size remains relatively constant over time, which is essential for sustainable development and the effective planning of national resources and services for all citizens.

162. (A) Natural, temporary method
The Lactational Amenorrhea Method is a natural and temporary form of contraception that relies on the physiological changes that occur in a woman's body during exclusive breastfeeding. When a woman breastfeeds frequently and exclusively, it naturally suppresses the hormones needed for ovulation, thereby preventing pregnancy. This method is highly effective during the first six months after delivery, provided that menstruation has not returned. It is an important option for new mothers who want a natural and cost-free way to space their pregnancies.

163. (C) The percentage of women of reproductive age using any method of contraception.
The contraceptive prevalence rate is a vital demographic indicator used to measure the success and impact of family planning programs within a population. It represents the percentage of women of reproductive age who are currently utilizing at least one method of contraception. A high prevalence rate generally indicates that family planning services are accessible, affordable, and widely accepted. Monitoring this statistic helps public health officials evaluate the effectiveness of their outreach efforts and identify areas where more support may be needed to achieve reproductive health goals.

164. (D) The MTP Act regulates safe abortion, while the PC & PNDT Act prohibits sex-selective abortion.
It is essential to distinguish between the Medical Termination of Pregnancy Act and the Pre-conception and Pre-natal Diagnostic Techniques Act, as they serve different primary purposes. The MTP Act provides a legal framework for the safe and regulated termination of pregnancies to protect women's health. In contrast, the PC & PNDT Act is specifically designed to combat the practice of sex selection by prohibiting the misuse of medical technology for sex determination. Both laws are vital for protecting reproductive rights and promoting gender equality.

165. (A) Both A and R are true and R is the correct explanation of A.
The Janani Shishu Suraksha Karyakram was launched as a significant expansion of national efforts to improve maternal and neonatal health. While the earlier Janani Suraksha Yojana focused on providing cash incentives to encourage institutional delivery, the JSSK initiative went further by aiming to eliminate all out-of-pocket expenses for services. This includes free medicines, diagnostics, and transportation for both the mother and the newborn in public facilities. By removing these financial barriers, the program ensures that essential medical care is truly accessible for all.

166. (B) A target-based approach to a decentralized, needs-based approach.
A major focus of the second phase of the Reproductive and Child Health program was to achieve a paradigm shift in how services are planned and delivered. The program moved away from a rigid, top-down approach that relied on numerical targets for different contraceptive methods. Instead, it adopted a decentralized and needs-based model that prioritizes the actual health requirements and preferences of individual clients and communities. This change ensures that public health services are more responsive, ethical, and effective in meeting the diverse needs of the population.

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167. (D) AIDS
The Universal Immunization Programme provides life-saving vaccines to protect infants and pregnant women from a specific list of infectious diseases, such as measles, polio, and tetanus. These vaccines have been instrumental in reducing mortality and morbidity across the country. AIDS, however, is caused by the Human Immunodeficiency Virus, for which there is currently no effective preventive vaccine available. While AIDS is a significant public health issue addressed through other programs, it is not part of the standard set of vaccine-preventable diseases covered by immunization initiatives.

168. (A) Provide reassurance, explain the commonality of menstrual irregularities in adolescence, and if necessary, refer her for a medical check-up.
When an adolescent seeks help for a health concern like irregular menstrual cycles, a supportive and professional response is essential. A counselor should provide reassurance and explain that such irregularities are often a normal part of physical development during the teenage years. By offering accurate information in a confidential environment, the counselor builds trust and helps the young person navigate these changes without unnecessary anxiety. If the issue persists or is severe, a medical referral ensures that the adolescent receives appropriate professional evaluation and care.

169. (C) That children require special protection and care due to their vulnerability.
The core idea behind child rights is the recognition that children are uniquely vulnerable and therefore require special care, protection, and support as they grow. This perspective is formalized in the UN Convention on the Rights of the Child, which outlines a comprehensive set of protections that apply to everyone under the age of eighteen. Recognizing children as rights-holders ensures that their development is prioritized and that they are protected from harm, while also acknowledging their capacity for participation in matters that affect their lives.

170. (B) (a), (b), and (c)
The Reproductive and Child Health program in India is characterized by several key features designed to provide a comprehensive public health framework. It utilizes a client-centered and quality-oriented approach, moving away from simple numerical targets. The program also integrates diverse services, including family planning, safe motherhood, and the management of reproductive infections, into a single cohesive system. Furthermore, it adopts a life-cycle approach that addresses the health needs of various groups, including adolescents, ensuring that services are inclusive and effective for the entire population.

171. (D) To reduce worm load and improve school attendance.
De-worming is a vital public health intervention within the School Health Programme, aimed at reducing the burden of parasitic infections among students. Worm infestations can lead to significant health problems, including malnutrition, anemia, and impaired physical and cognitive development. By providing regular de-worming treatment with Albendazole, the program helps improve the overall health and well-being of children. Healthy children are more likely to attend school regularly and perform better academically, contributing to their long-term development and success in the educational system.

172. (B) An aging and potentially declining population.
An age-sex pyramid with a narrow base and a relatively wide top indicates a demographic structure where there are fewer young children compared to older adults. This shape is characteristic of a population with declining birth rates and high life expectancy, leading to an aging society. Such a structure suggests that the total population may stabilize or even begin to decline over time. Understanding these patterns is essential for national planning, particularly in areas like healthcare for the elderly and managing changes in the workforce.

173. (C) To prevent pregnancy after unprotected intercourse.
The emergency contraceptive pill is a specific form of backup contraception designed to be used in situations where regular birth control was not used or failed. It works primarily by delaying or preventing ovulation, thereby reducing the chance of fertilization after unprotected intercourse. It is most effective when taken as soon as possible after the event. It is important to note that these pills are not intended for regular use and do not terminate an already established pregnancy, serving only as a secondary measure to prevent conception.

174. (D) Includes maternal and child health and welfare.
The key distinction between family planning and family welfare is the scope of the services provided. While family planning focuses specifically on the methods and practices used to manage the number and spacing of children, family welfare adopts a much broader and more holistic perspective. This comprehensive approach integrates contraceptive services with

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maternal care, child immunization, and overall nutritional support. This shift recognizes that the well-being of a family depends on a wide range of health interventions beyond just birth control and population stabilization.

175. (A) (a), (b), (c), and (d)
National health programs in India are designed to address the most prevalent and serious health challenges faced by children, which are major contributors to mortality and morbidity. These include various forms of malnutrition, such as undernutrition and micronutrient deficiencies, as well as acute respiratory infections like pneumonia. Additionally, the programs focus on managing diarrhoeal diseases and providing life-saving immunizations against conditions like measles. By targeting these specific issues, the government aims to significantly improve the survival and healthy development of the younger generation.

176. (B) Voluntary agreement after understanding benefits and risks.
Informed consent is a fundamental ethical and legal principle in family planning counseling, ensuring that any decision made by a client is voluntary and based on complete information. This process involves the healthcare provider explaining the various contraceptive options, including their potential benefits, risks, and side effects. By providing a clear and unbiased overview, the counselor empowers the individual or couple to make a choice that best fits their personal circumstances and health needs. This respectful approach builds trust and ensures that reproductive rights are upheld.

177. (B) Declining child sex ratio and promote the education of girls.
The 'Beti Bachao, Beti Padhao' scheme is a significant national initiative launched to address the alarming decline in the child sex ratio in many parts of India. The program focuses on preventing gender-biased sex selection and ensuring the survival and protection of the girl child. Furthermore, it places a strong emphasis on promoting the education and empowerment of girls, recognizing that their full participation in society is essential for national development. By targeting these key areas, the scheme seeks to foster a more equitable and respectful social environment.

178. (A) The first six weeks after delivery.
In the context of maternal health, the postpartum period refers to the critical six-week timeframe immediately following the birth of a baby. During this period, a woman's body undergoes significant physiological and emotional changes as it returns to its pre-pregnancy state. Providing high-quality postnatal care is essential for monitoring the health of both the mother and her newborn, addressing any potential complications, and supporting the successful initiation of breastfeeding. This stage of the continuum of care is vital for ensuring long-term health and well-being for both.

179. (B) The rising rates of C-sections performed for non-medical reasons.
The medicalization of normal life events is a significant gender issue in health, where natural processes like childbirth are increasingly treated as medical emergencies requiring surgical intervention. A prominent example is the rising rate of Cesarean sections performed for non-medical reasons, such as convenience or social pressure, rather than for the safety of the mother or child. This trend can lead to unnecessary risks and higher healthcare costs. Addressing this issue requires promoting evidence-based practices and ensuring that medical interventions are used only when they are clinically necessary.

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180. (D) Anganwadi Centres
The Integrated Child Development Services scheme is a flagship national program that delivers a vital package of health, nutrition, and early education services through a vast network of Anganwadi centers. These community-based facilities serve as the primary point of contact for young children, as well as for pregnant and lactating mothers. By providing services like supplementary nutrition, immunizations, and pre-school education directly within local neighborhoods, the centers ensure that essential support is accessible to those who need it most, promoting holistic early childhood development and overall well-being.

181. (C) Community, facility, and social media platforms
The Rashtriya Kishor Swasthya Karyakram adopts a modern and comprehensive 'continuum of care' approach to reach adolescents where they are most active. This involves providing health and counseling services through community-based initiatives, clinical facilities, and increasingly through social media and other digital platforms. By using diverse communication channels, the program ensures that young people have access to accurate information and supportive services in a manner that is acceptable and convenient for them. This integrated strategy is essential for addressing the varied health needs of the large adolescent population.

182. (B) Education, leisure, and cultural activities
According to the UN Convention on the Rights of the Child, every young person has a fundamental right to development, which encompasses much more than simple survival. This right ensures that children have access to quality education, opportunities for play and leisure, and the ability to participate in cultural activities. These elements are essential for a child's holistic physical, mental, and social growth. By protecting these rights, society ensures that all children have the support they need to reach their full potential and develop into healthy, well-rounded adults.

183. (D) It promotes physical and psycho-social community health.
A health-promoting school is characterized by its holistic approach to the well-being of its students and the surrounding community. Beyond focusing on academic performance, such a school actively promotes both physical and psycho-social health through its environment, curriculum, and various health services. This includes providing a safe and hygienic setting, offering nutrition and health education, and fostering a supportive social atmosphere. By prioritizing health as a core value, these schools create an environment where children can thrive both physically and mentally, leading to better long-term outcomes for all.

184. (A) Western European countries during their industrialization
The demographic transition model was originally developed by researchers based on the historical experience of Western European nations as they underwent industrialization and socio-economic modernization. These countries were the first to move through the stages of high fertility and mortality to a period of declining death rates, followed by a reduction in birth rates. While the specific timing and speed of the transition can vary, the model provides a universal framework for understanding how population dynamics are influenced by improvements in healthcare, education, and overall living standards.

185. (A) P-4, Q-3, R-2, S-1
India has implemented various legislative and social measures to address critical health and welfare needs across the population. The Integrated Child Development Services provides early childhood care, while the Janani Suraksha Yojana utilizes financial incentives to promote safer institutional deliveries. The Medical Termination of Pregnancy Act establishes a legal framework for regulated and safe abortion services. Additionally, the Pre-conception and Pre-natal Diagnostic Techniques Act is specifically designed to prevent sex selection and feticide, aiming to protect the rights and survival of the girl child.

186. (A) Number of parliamentary constituencies
Demographic indicators are specific statistical measures used to analyze the characteristics and dynamics of human populations. Common examples include life expectancy at birth, the total fertility rate, and the crude birth rate, all of which provide vital information about mortality, reproduction, and population growth. In contrast, the number of parliamentary constituencies is a political and administrative measure related to the structure of government and electoral representation. While it may be based on population size, it is not considered a primary indicator of demographic health or population structure itself.

187. (B) Shifting from numerical targets to individual rights and needs.
The evolution of India's family welfare programs represents a significant philosophical shift toward a more ethical and effective model of public health. This transition from a techno-centric to a client-centric approach involves moving away from rigid numerical targets for different

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chooses voluntarily after receiving complete and unbiased information. Factors such as a person's health status, lifestyle, and reproductive intentions all play a role in this decision. By offering a wide range of options through the cafeteria approach, health services ensure that everyone can find a method that is suitable, effective, and acceptable for them.

214. (B) Stage 2 is characterized by a rapid fall in population.
The second stage of the demographic cycle, known as the early expanding phase, is actually characterized by very rapid population growth rather than a decline. During this period, a society experiences a significant drop in death rates due to improvements in healthcare, sanitation, and food security. However, birth rates remain high, leading to a large excess of births over deaths. This demographic shift results in a population explosion. Understanding this stage is vital for researchers and policymakers as it presents unique challenges for resource management and the provision of essential social services.

215. (A) Both A and R are true and R is the correct explanation of A.
The effective implementation of the Pre-conception and Pre-natal Diagnostic Techniques Act has been significantly hindered by deep-seated patriarchal norms and a strong cultural preference for male children. These social pressures create a persistent demand for illegal sex determination services, which often continue to operate in a clandestine manner despite strict legal regulations. While the law provides the necessary framework for prohibition, achieving its goals also requires addressing the underlying social attitudes that drive gender discrimination. Combining legal enforcement with social change is essential for protecting the girl child.

216. (A) Preventing gaps in healthcare during critical life stages like pregnancy, childbirth, and early childhood.
The concept of a continuum of care is fundamental to the Reproductive and Child Health program, as it aims to provide seamless medical support throughout the most vulnerable periods of a person's life. By linking healthcare services from pre-pregnancy through delivery and the postnatal period for both mother and baby, the program ensures that there are no gaps in essential care. This integrated approach allows for the early identification of complications and ensures that individuals receive timely and appropriate treatment, which is vital for reducing mortality and improving long-term health.

217. (A) To monitor the health of the mother and the newborn and to address any complications arising after delivery.
Postnatal care is a critical element of the safe motherhood continuum, focusing on the health and recovery of the mother and her infant during the six weeks following childbirth. Its primary purpose is to provide professional medical monitoring to ensure that both are healing properly and to detect any potential complications early, such as infections or postpartum depression. Additionally, this care supports the successful establishment of breastfeeding and provides a vital opportunity for health education and family planning counseling, ensuring a healthy start for both the mother and the new baby.

218. (A) Fatigue, reduced work capacity, and increased risk during future pregnancies.
Anemia in adolescent girls is a serious public health concern in India with significant long-term consequences. This condition, often caused by iron deficiency, leads to persistent fatigue and reduced physical and mental work capacity, which can hinder academic performance and daily activities. Furthermore, being anemic during adolescence increases health risks during future pregnancies, including higher chances of maternal complications and low birth weight infants. Addressing this issue through nutritional education and micronutrient supplementation is essential for improving the current health of young girls and protecting their future reproductive well-being.

219. (D) Provide financial incentives for the survival and education of the girl child.
The Balika Samriddhi Yojana is a specialized government scheme designed to improve the social status of girls and ensure their healthy development. It provides specific financial incentives to families upon the birth of a girl child and continues to offer support for her education as she grows. By linking financial aid to school attendance and survival, the program aims to

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young women and supporting their overall well-being and education.

194. (B) The Convention on the Rights of the Child (UNCRC)
The concept of child-friendly services is rooted in the fundamental principles of the UN Convention on the Rights of the Child, which recognizes that children require special consideration due to their age and vulnerability. These services are designed to be accessible, supportive, and respectful of children's rights, whether in the legal, social, or medical systems. By creating environments that are non-threatening and focused on the best interests of the child, these initiatives ensure that young people can access the protection and support they need in a manner that is appropriate for their development.

195. (B) (a), (b), and (d)
Essential newborn care involves a set of evidence-based practices that are vital for ensuring the survival and health of every infant. Key interventions include immediate drying and providing warmth to prevent hypothermia, as well as the initiation of exclusive breastfeeding within the first hour of birth. Additionally, providing essential immunizations at birth, such as BCG and polio vaccines, is a critical step in protecting the newborn from serious infectious diseases. These simple but effective measures form a comprehensive package of care that significantly improves neonatal outcomes and overall child survival.

196. (D) School Health Programme under Ayushman Bharat
The health and wellness ambassadors initiative is a key component of the modernized School Health Programme under the Ayushman Bharat framework. This initiative involves training teachers to act as primary focal points for promoting health and well-being among their students. These ambassadors help disseminate vital health information, encourage healthy behaviors, and facilitate early identification of health issues within the school environment. By integrating health promotion into the educational system, the program aims to create a supportive setting that fosters the long-term physical and mental health of the younger generation.

197. (C) Total Fertility Rate
The total fertility rate is the demographic indicator most directly and profoundly influenced by the success of family planning programs. As these programs increase the accessibility and acceptance of contraceptive methods, more individuals and couples are able to achieve their desired family size and space their pregnancies effectively. This leads to a reduction in the average number of children born to women in a population. Monitoring changes in the total fertility rate is a primary method for evaluating the long-term impact of family welfare initiatives on population growth and demographic stability.

198. (D) All of the above
In demography, the composition of a population is defined by several key characteristics that provide a detailed picture of its internal structure. This includes the distribution of people between rural and urban areas, which reflects social and economic development patterns. Additionally, the age structure and the sex ratio are fundamental components that influence everything from labor force participation to healthcare requirements. By analyzing all of these factors together, researchers and policymakers can understand the unique needs of a population and plan effectively for its future social and economic services.

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199. (D) It has a very low failure rate and is highly effective.
Permanent methods of contraception, such as vasectomy and tubectomy, offer a significant advantage for individuals who have completed their desired family size. These surgical procedures are among the most effective forms of birth control available, with extremely low failure rates compared to temporary methods. Once the procedure is successfully completed, it provides a permanent solution that does not require ongoing supplies, daily action, or repeated clinical visits. This high level of effectiveness and long-term reliability makes terminal methods a vital component of voluntary family planning programs aiming for sustainable population goals.

200. (A) (a), (b), (c), and (e)
The Medical Termination of Pregnancy Act provides a legal framework for the safe and regulated termination of pregnancies under

specific conditions. It was primarily enacted to reduce the high incidence of maternal mortality resulting from illegal and unsafe abortions. Key provisions require the professional opinion of registered medical practitioners to ensure health standards are met. Recent amendments have modernized the law by expanding the legal grounds for termination and increasing gestation limits for certain cases, though spousal consent is not a mandatory requirement for the procedure.

201. (C) High contraceptive prevalence rate
Family planning is deeply influenced by various social issues that can either hinder or support the adoption of contraceptive practices. Factors such as son preference, early marriage, and the low social status of women are significant challenges that can limit a woman's reproductive choices and lead to higher fertility. In contrast, a high contraceptive prevalence rate is an indicator of the successful uptake of family planning services and the effective management of reproduction. It is a positive demographic outcome resulting from the reduction of social barriers and the improvement of health services.

202. (A) Intention and behavior
The concept of unmet need for family planning specifically highlights a significant gap between an individual's reproductive intentions and their actual behavior. It identifies women who express a desire to delay or stop childbearing but are not currently utilizing any modern contraceptive method. This discrepancy can be caused by various factors, including lack of access, fear of side effects, or social opposition. Addressing this gap is a primary goal of public health programs to ensure that individuals have the means to translate their intentions into healthy and autonomous reproductive choices.

203. (D) Regulating the sale and use of technology that can be used for sex determination.
The Pre-conception and Pre-natal Diagnostic Techniques Act functions primarily through the strict regulation of medical technology, such as ultrasound machines, that can be misused for sex determination. By requiring the mandatory registration of all facilities using these tools and prohibiting any disclosure of the sex of a fetus, the law seeks to eliminate the technical means for sex-selective abortion. This regulatory approach is the central mechanism through which the act aims to combat female feticide and address the declining child sex ratio in the country.

204. (B) Child Survival and Safe Motherhood (CSSM) Programme
The Reproductive and Child Health program represented a significant evolution in India's public health strategy, building upon the foundations of the earlier Child Survival and Safe Motherhood program. While the CSSM initiative was primarily focused on specific interventions to reduce maternal and infant mortality, the RCH program adopted a more integrated and holistic model. This updated framework expanded the scope of services to include adolescent health and reproductive rights, recognizing that health outcomes are influenced by factors throughout the entire life cycle rather than just the period of childbirth.

205. (A) 2, 4, 3, 1
Essential newborn care involves a specific and immediate sequence of actions designed to maximize the health and survival of the infant. The process begins with thoroughly drying the baby to prevent heat loss, followed by placing the infant in direct skin-to-skin contact with the mother to maintain warmth and foster bonding. Once the baby is stable, the umbilical cord is cut using hygienic techniques. Finally, the early initiation of exclusive breastfeeding is encouraged within the first hour to provide optimal nutrition and strengthen the baby's immune system immediately.

206. (D) They can limit access to nutrition, education, and health decisions.
Gender roles and social norms profoundly influence women's health by creating systemic disparities in the distribution of resources and power. In many societies, these expectations may result in women having less access to quality nutrition and education compared to men. Furthermore, gender-based norms often restrict a woman's autonomy, making it difficult for her to make independent decisions regarding her own medical care or the use of household funds for health services. Addressing these social determinants is essential for ensuring equitable health outcomes and the full realization of reproductive rights for women.

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207. (A) BCG (Bacille Calmette-Guérin)
The BCG vaccine is a vital component of India's Universal Immunization Programme, specifically designed to protect newborns from severe forms of tuberculosis. Administered as soon as possible after birth, this vaccine provides essential immunity during the most vulnerable early months of life. Given the prevalence of tuberculosis in the region, ensuring high coverage of the BCG vaccine is a cornerstone of pediatric health strategy. This early intervention is a critical step in reducing childhood mortality and morbidity caused by this serious and potentially life-threatening infectious disease.

208. (B) Nutrition
The Rashtriya Kishor Swasthya Karyakram identifies six key priority areas to address the diverse health and developmental needs of adolescents, and nutrition is among the most critical. This focus recognizes the significant physical growth and dietary requirements that occur during the teenage years. By providing iron and folic acid supplements and offering dietary counseling, the program aims to address common issues like nutritional anaemia and promote healthy eating habits. This support is essential for ensuring that young people develop into physically healthy and productive adults, capable of meeting future responsibilities.

209. (B) Without discrimination of any kind, irrespective of the child's or their parent's race, color, sex, language, religion, etc.
The principle of non-discrimination is a fundamental pillar of the UN Convention on the Rights of the Child, ensuring that all rights apply to every individual under the age of eighteen without exception. This means that a child's access to protection, healthcare, and education should not be influenced by their race, gender, religion, or the background of their parents. This universal application is essential for promoting equity and protecting the most vulnerable members of society, ensuring that every child has the opportunity to develop to their full potential.

210. (B) P-2, Q-3, R-1, S-4
Demographers use several specific concepts to analyze population trends and their social consequences. The demographic dividend refers to the economic potential of a high working-age population, while the demographic trap occurs when high growth rates perpetuate poverty. Population momentum describes the tendency for a population to continue growing even after fertility declines, due to a large number of young people. Additionally, population projections use current data to estimate future demographic trends. Understanding these concepts is essential for effective national planning and the development of sustainable social and economic policies.

211. (B) To equip children with knowledge and skills to adopt healthy behaviors.
The primary aim of health and nutrition education sessions within the School Health Programme is to empower students with the practical knowledge and skills needed to make healthy choices throughout their lives. By providing information on topics like balanced diets, hygiene, and physical activity, these sessions help children understand the importance of well-being. This proactive educational approach seeks to instill healthy habits at a young age, which can prevent chronic diseases and support optimal physical and cognitive development. These skills are essential for both academic success and long-term health.

212. (D) Influence the size and composition of its population.
A national population policy is a comprehensive set of measures and guidelines adopted by a government to intentionally influence the size, growth rate, and composition of its population. These policies often aim to achieve sustainable development goals by addressing factors like fertility, mortality, and migration. By providing family planning services, improving maternal health, and investing in education, a government can shape demographic trends to align with its resources and long-term vision. This strategic planning is essential for ensuring that the needs of all citizens can be met effectively.

213. (C) There is no single 'ideal' type; the best method depends on the individual's needs.
In modern family planning programs, it is recognized that there is no universal 'ideal' contraceptive method because every individual or couple has unique health needs and personal goals. The best method is the one that the client

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contraceptive methods. Instead, the focus is now on respecting individual reproductive rights and addressing the unique health needs of each person. This shift emphasizes the importance of informed consent, quality of care, and providing a wide range of contraceptive choices, ensuring that family planning remains a voluntary and health-oriented process.

188. (B) Lack of decision-making power for women regarding their own bodies and fertility.
In patriarchal societies, the lack of autonomy for women regarding their own reproductive choices is a major social barrier to the adoption of family planning. When women do not have the power to make decisions about their bodies or the timing of their pregnancies, they may be unable to use contraception even if they wish to do so. This inequality often leads to higher fertility rates and poorer health outcomes for women. Addressing these social power imbalances and promoting women's empowerment are essential steps for improving the effectiveness of family welfare programs.

189. (C) It builds client trust and encourages open discussion.
Ensuring confidentiality is a vital component of professional counseling in family planning, as it is essential for building a trusting relationship between the client and the healthcare provider. When individuals are certain that their personal information and health choices will be kept private, they are much more likely to speak openly about their concerns, needs, and lifestyle. This honest communication allows the counselor to provide more accurate information and appropriate support, ultimately leading to better health outcomes and higher satisfaction with the chosen contraceptive methods.

190. (A) Both A and R are true and R is the correct explanation of A.
The Reproductive and Child Health program in India is designed to provide a comprehensive and holistic approach to the health of families. This model is based on the integration of several vital services, including family planning, safe motherhood practices, and child survival initiatives. Furthermore, it addresses other critical aspects of reproductive health, such as the prevention and management of various infections. By combining these different services into a single framework, the program ensures that mothers and children receive more continuous and effective care throughout various stages of their lives.

191. (A) Seeking care, reaching a facility, and receiving care.
The 'Three Delays' model is a significant strategic framework used to identify and address the barriers that contribute to maternal mortality in safe motherhood programs. It focuses on reducing delays in three critical areas: the initial decision to seek professional medical care, the time taken to reach a health facility due to distance or transportation issues, and the delay in receiving appropriate treatment once at the facility. By identifying and minimizing these delays, the health system can ensure that women receive timely and life-saving care during pregnancy and childbirth complications.

192. (B) Stunting (low height for age) and/or Wasting (low weight for height)
Severe protein-energy malnutrition is a major health challenge for children in India, leading to significant physical and developmental issues. Common clinical indicators of this condition include stunting, where a child is too short for their age, and wasting, where a child has a very low weight relative to their height. These physical signs reflect chronic or acute nutritional deficiencies that can impair immune function and cognitive development. Addressing these issues through improved maternal nutrition and better childhood feeding practices is a primary goal of national health and nutrition programs.

193. (B) Access to sanitary napkins at subsidized rates
The Menstrual Hygiene Scheme is a targeted national initiative designed to support the health and dignity of adolescent girls. By providing access to high-quality sanitary napkins at subsidized rates, the program helps ensure that financial constraints do not prevent girls from managing their menstruation safely and hygienically. This support is essential for reducing the risk of infections and improving school attendance, as many girls may otherwise miss classes during their periods. Promoting menstrual hygiene is a vital part of empowering

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combat gender discrimination and promote the value of girls within the family and community. This strategic support is essential for empowering young women and ensuring they have access to essential life opportunities.

220. (A) (a), (c), and (d)
Analysis of recent census data in India reveals several important demographic features that guide national policy. While the total population continues to grow, the rate of this growth is showing a steady decline. A significant proportion of citizens still reside in rural areas, although urbanization is increasing. Furthermore, Uttar Pradesh remains the most populous state in the country. However, the sex ratio has historically remained below one thousand, indicating persistent challenges related to gender balance. Understanding these trends is essential for effective resource allocation and the planning of future social services.

221. (C) Using attractive packaging, branding, and subsidized pricing to make products appealing and accessible.
A key strategy of social marketing in family planning is the use of traditional commercial techniques to achieve public health goals. This involves creating recognizable brands for contraceptives, such as 'Nirodh', and using attractive packaging and focused advertising to improve their social appeal. By selling these products at subsidized prices through a wide variety of local retail outlets, the program makes them both affordable and highly convenient for the general public. This approach effectively bridges the gap between public health facilities and the everyday shopping routines of potential users.

222. (D) Uterus
An Intrauterine Device is a highly effective, long-acting reversible contraceptive that is placed directly into the uterus by a trained healthcare professional. Once in position, the device works by preventing fertilization or by making it difficult for a fertilized egg to implant itself. IUDs can provide reliable pregnancy prevention for several years, depending on the specific type used. Because they are located within the uterus, they provide a discreet and low-maintenance option for women who want to delay childbearing without needing to remember daily pills or use barrier methods regularly.

223. (A) The addition of a client-centered approach and services for RTIs/STIs.
The transition from the Child Survival and Safe Motherhood program to the Reproductive and Child Health program represented a major expansion in the scope of public health services. While the earlier program focused primarily on reducing mortality, the updated RCH framework adopted a more holistic and client-centered approach. It integrated services for the management of various reproductive infections and emphasized individual reproductive rights and quality of care. This evolution ensures that health services address a wider range of factors throughout the life cycle, providing more comprehensive support for the well-being of families.

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224. (A) Ensuring adequate maternal nutrition and antenatal care.
Preventing low birth weight in infants is a major priority for maternal and child health programs, as it is a leading risk factor for neonatal mortality and developmental issues. The most effective strategy for preventing this condition is to ensure that every pregnant woman receives high-quality antenatal care and adequate nutrition. Professional medical monitoring during pregnancy allows for the early identification and management of health problems that could affect fetal growth. Supporting a mother's nutritional needs ensures that the developing baby receives the essential nutrients required for healthy physical and cognitive development.

225. (C) (a), (b), (c), and (d)
The Rashtriya Kishor Swasthya Karyakram identifies several key priority themes that are essential for the holistic health and development of adolescents. These include addressing nutritional needs to prevent deficiencies and managing sexual and reproductive health through education and counseling. The program also prioritizes mental health to support young people through psychological changes and focuses on the prevention of substance abuse. By addressing these diverse and interconnected areas, the initiative provides a comprehensive framework for supporting adolescents as they

238. (D) Counseling pregnant women, encouraging institutional delivery, and accompanying them to the health facility.
Accredited Social Health Activists play a fundamental role in improving maternal health outcomes in local communities. As trained community workers, they provide essential counseling to pregnant women, sharing information on nutrition and the importance of professional medical care. A key part of their role is to encourage and facilitate institutional deliveries, often personally accompanying women to the health facility during labor. By bridging the gap between families and the healthcare system, ASHAs help ensure that more women receive safe and professional care during childbirth, which is vital for reducing maternal and neonatal mortality rates.

239. (A) Protein-energy malnutrition and micronutrient deficiencies
The most prevalent and serious nutritional challenges for children in India are protein-energy malnutrition and diversas deficiencies in essential micronutrients, such as iron and vitamin A. These conditions can significantly impair physical growth, immune function, and cognitive development, leading to long-term health and educational problems. Addressing these issues through improved maternal nutrition, better infant feeding practices, and national supplementation programs is a central focus of public health initiatives. By ensuring that every child receives adequate nutrition, the government seeks to improve survival rates and support the healthy development of the next generation.

240. (A) Both A and R are true and R is the correct explanation of A.
The School Health Programme provides an exceptionally effective platform for addressing various adolescent health issues because it utilizes the existing educational infrastructure to reach a large number of young people systematically. Schools are a natural setting for health promotion, allowing for the consistent delivery of preventive services, screenings, and health education to adolescents. By integrating health support into the daily school environment, the program ensures that young people can access the services and information they need in a familiar and supportive setting, which is vital for their physical and mental well-being during these years.

241. (B) The tendency for a population to keep growing even after fertility falls to replacement level, due to a large number of young people.
Population momentum is a critical demographic phenomenon where a population continues to expand even after fertility rates have declined to the replacement level. This happens because previous periods of high fertility have created a large proportion of young individuals who are now entering their own reproductive years. Even if each couple has fewer children, the sheer number of people starting families ensures continued growth for several decades. Understanding this concept is essential for national planning, as it demonstrates that population stabilization is a gradual process that requires sustained effort over several generations.

242. (A) The right of the client to make a voluntary and informed choice.
The fundamental principle of professional counseling in family planning is the recognition and protection of the client's right to make an autonomous, voluntary, and informed choice. This requires that the healthcare provider offers complete and unbiased information about all available contraceptive options, including their benefits and potential side effects. By creating a supportive environment that prioritizes the client's perspective and needs, the counselor ensures that the decision is based on personal health goals and lifestyle. This respectful approach is essential for building trust, upholding human rights, and ensuring high satisfaction with the chosen health services.

243. (C) To save the life of the woman or prevent grave injury to her physical or mental health.
The Medical Termination of Pregnancy Act establishes specific and regulated legal grounds for the termination of a pregnancy in India. These criteria are primarily focused on protecting the health and well-being of the woman, allowing for an abortion if it is necessary to save her life or prevent serious injury to her physical or mental health. The law also considers cases of fetal abnormalities or pregnancies resulting from

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232. (A) Reaching adolescents with services and information in a manner that is acceptable and accessible to them.
One of the most significant challenges for adolescent health programs is ensuring that services are delivered in a way that respects the unique needs and sensitivities of this age group. Young people often face various barriers, such as concerns about privacy, social stigma, or a lack of transport to clinical facilities. To be effective, programs must provide information and care through channels that are convenient and acceptable to adolescents, such as peer education, confidential clinics, or digital platforms. Overcoming these accessibility issues is essential for providing young people with the support they need.

233. (C) Protection Of
The POCSO Act is a vital piece of national legislation designed specifically to safeguard children from various forms of sexual harm. The acronym stands for the Protection of Children from Sexual Offences. This law provides a comprehensive legal framework for addressing abuse and exploitation, establishing specialized procedures for the investigation and trial of these crimes to ensure they are handled with sensitivity toward the young victim. By prioritizing the protection and well-being of the child, the act serves as a critical instrument for ensuring justice and a safe environment for all young people.

234. (A) To record and track the student's health status, immunizations, and referrals over time.
Maintaining a health card for every student is an essential activity within the School Health Programme, serving as a comprehensive record of a child's medical history. These cards track vital information, including the results of health screenings, immunization status, and any necessary referrals for specialized care. By documenting these details over time, the program ensures that health issues are followed up on and that a student's medical needs are consistently addressed throughout their school years. This longitudinal data is vital for supporting the overall well-being and healthy development of the younger generation.

235. (B) P-2, Q-1, R-3, S-4
Demography utilizes several standardized concepts to describe the characteristics of human populations. The dependency ratio measures the balance between working-age people and those they support, while population density indicates how many people live in a specific area. Life expectancy provides an estimate of how long a person is expected to live on average. Additionally, the fertility rate measures the frequency of reproduction within the group. Together, these indicators allow researchers and policymakers to analyze the health, structure, and future growth potential of any society, guiding resource allocation and planning.

236. (B) Help couples delay or space their pregnancies.
Spacing methods of contraception are specifically intended for individuals or couples who want to have children but wish to manage the timing of their next pregnancy. These temporary and reversible methods, such as condoms or oral pills, allow couples to wait for a desired period between births, which is essential for the health of both the mother and the children. By providing flexibility and control over reproductive timing, spacing methods help ensure that every pregnancy is planned and that families can provide the necessary care and resources for each child as they grow.

237. (C) The over-emphasis on a single method like sterilization in the past.
The introduction of the cafeteria approach in family planning was a strategic response to historical criticisms that the program was too focused on a single terminal method. In earlier years, the heavy emphasis on sterilization often neglected other effective contraceptive options and individual preferences. By offering a wide variety of choices, the updated program ensures that clients can select a method that best aligns with their personal health needs and reproductive goals. This model promotes informed consent and respects the autonomy of each individual, making the program more ethical, inclusive, and effective for the entire population.

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282. (B) The International Conference on Population and Development (ICPD), 1994.
The launch of India's RCH Program was heavily influenced by the global consensus reached at the 1994 International Conference on Population and Development (ICPD) in Cairo. This conference promoted the idea that population policies should focus on individual reproductive health and rights rather than just demographic targets. India adopted this paradigm shift, leading to the creation of a more integrated and client-centered framework.

283. (B) The management of reproductive tract and sexually transmitted infections.
In its first phase, the RCH Program (RCH-I) went beyond combining child survival and safe motherhood services. It also included vital components for the prevention and management of reproductive tract and sexually transmitted infections. This inclusion reflected a broader understanding of reproductive health, aiming to address infections that could impact maternal well-being, pregnancy outcomes, and the overall health of women and men.

284. (A) Improving service quality and equitable access for vulnerable groups.
RCH-II built upon the foundation of the first phase but introduced a stronger emphasis on improving the quality of health services. It also focused on ensuring equitable access, particularly for underserved and vulnerable populations. By adopting a results-based management approach, RCH-II shifted its focus toward achieving specific health outcomes, such as significant reductions in both maternal and infant mortality rates across the country.

285. (C) Linking services for mothers and children across different life stages.
The "continuum of care" is a fundamental principle within the RCH framework. It involves linking health services for mothers and children across various stages of life, from pre-pregnancy through childbirth and into the postnatal and childhood periods. This ensures that healthcare is not a series of isolated events but a continuous and coordinated effort to support health at every critical development milestone.

286. (D) Geriatric health screening.
Safe motherhood strategies focus specifically on the maternity cycle to reduce maternal and neonatal mortality. Core components include quality antenatal care for monitoring pregnancy, promoting institutional deliveries with skilled attendants, and providing emergency obstetric care for complications. Postnatal care for both mother and infant is also essential. However, screening for health issues in the elderly is not a part of this package.

287. (C) Encourage institutional deliveries through conditional cash transfers.
Janani Suraksha Yojana (JSY) is a national scheme designed to reduce maternal and neonatal mortality by promoting institutional deliveries. It uses conditional cash transfers to incentivize pregnant women to give birth in health facilities rather than at home. By encouraging births in a controlled environment with skilled providers, the program aims to ensure safer deliveries and better outcomes for both mothers.

288. (B) Initiating breastfeeding within the first hour.
Essential newborn care (ENBC) focuses on the immediate needs of an infant after birth to ensure survival and health. A key intervention within this strategy is the initiation of breastfeeding within the first hour of life. This practice provides the newborn with vital nutrients and antibodies while fostering early bonding. Other ENBC interventions include maintaining warmth and preventing infections during the neonatal period.

289. (D) Eliminating out-of-pocket expenses for delivery and newborn care in public facilities.
The Janani Shishu Suraksha Karyakram (JSSK) aims to remove financial barriers to maternal and infant healthcare. It entitles pregnant women and sick newborns to completely free services in public health facilities, including deliveries, drugs, diagnostics, and transport. By eliminating out-of-pocket expenses, the program encourages more families to seek timely medical care, which is crucial for reducing maternal and infant mortality.

290. (A) Manages life-threatening complications during pregnancy and childbirth.
Emergency Obstetric Care (EmOC) is a critical component of the safe motherhood strategy

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sexual assault. By providing this legal framework, the act ensures that women have access to safe and professional medical procedures under specific conditions, prioritizing health and individual safety.

244. (D) They can cause infertility, complications in pregnancy, and increase the risk of HIV transmission.
The management of reproductive tract and sexually transmitted infections is a vital component of the Reproductive and Child Health program because of their profound impact on overall health. These infections, if left untreated, can lead to serious long-term consequences such as chronic pain, infertility, and severe complications during pregnancy or childbirth. Furthermore, their presence significantly increases the risk of acquiring and transmitting HIV. By integrating the prevention and treatment of these infections into primary healthcare, the program aims to protect reproductive health, improve maternal outcomes, and strengthen the national response to infectious diseases.

245. (D) (a), (b), (c), and (d)
The Reproductive and Child Health program delivers a comprehensive package of integrated services designed to support the well-being of families throughout the entire reproductive life cycle. This includes essential antenatal care to monitor pregnancy, ensuring skilled medical assistance during labor, and providing vital postnatal support for both the mother and her newborn. Additionally, the program offers a wide range of family planning services to help individuals and couples achieve their reproductive goals. By combining these different components, the program ensures a more continuous and effective system of care that addresses the diverse needs of mothers and children.

246. (B) Neglect of nutrition and healthcare for a girl child compared to a boy child.
Gender discrimination can impact the health of women and girls from the very earliest stages of their lives. In societies with a strong preference for male children, this bias may result in the systematic neglect of the nutritional and medical needs of girls compared to their brothers. Such disparities can lead to higher rates of malnutrition, anemia, and untreated illnesses among young girls, creating a disadvantage that persists into adulthood. Addressing these early-life gender inequities is essential for ensuring that all children, regardless of their sex, have an equal opportunity to survive and develop into healthy and productive individuals.

247. (D) Integrated Management of Neonatal and Childhood Illnesses
The Integrated Management of Neonatal and Childhood Illnesses is a significant global strategy adopted in India to improve child survival. This comprehensive approach focuses on the holistic management of the most common and life-threatening conditions in young children, such as pneumonia, diarrhea, and malnutrition. Instead of treating each condition in isolation, health workers are trained to assess and treat the child as a whole, ensuring that all health needs are addressed during a single visit. This integrated method is essential for providing more effective care at the community level and reducing childhood mortality and morbidity.

248. (A) Empower adolescents to make responsible and informed decisions.
Providing comprehensive information on sexual and reproductive health is a central component of adolescent health programs, aimed at empowering young people during a critical period of physical and emotional change. By offering accurate knowledge and professional counseling, these initiatives help adolescents understand their own bodies, manage their health, and develop the skills needed to make responsible and healthy decisions for their future. This proactive educational approach seeks to reduce the risks of early pregnancy and infections, ensuring that young people can transition into adulthood with the confidence and knowledge needed to protect their well-being.

249. (C) Right to drive a vehicle at any age
The UN Convention on the Rights of the Child outlines a wide range of fundamental rights that are essential for the healthy development and protection of all young people under eighteen. These include the right to access quality education, to be protected from harm and violence, and to have opportunities for play and leisure. While children have many rights related to their survival and development, they do not

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have a guaranteed right to drive a vehicle at any age. Such activities are regulated by national safety laws based on maturity and the safety of the entire community.

250. (A) (a), (b), (c), and (d)
India's National Family Welfare Program has a long and distinguished history, being the first official government-led program of its kind in the world. Over several decades, it has evolved from a narrow focus on population control to a much broader and more holistic approach that prioritizes reproductive and child health. The introduction of the cafeteria approach ensures that clients have a wide variety of contraceptive choices, while social marketing strategies are used to increase the accessibility and affordability of products. This comprehensive framework, managed primarily through the public health system, ensures that reproductive rights and family well-being are prioritized.

251. (B) The scientific analysis of population size, composition, and change.
Demography is defined as the scientific study of human populations, focusing on their size, distribution, and composition. It examines how these factors change over time due to births, deaths, and migration. This discipline utilizes specific quantitative indicators to measure demographic dynamics and understand the historical shifts that occur as societies develop through various stages.

252. (A) The early expanding stage.
In the early expanding stage of the demographic cycle, countries experience a significant population explosion. This phase is characterized by a dramatic decline in death rates resulting from improvements in public health, sanitation, and medical care. However, because birth rates remain high during this period, the gap between births and deaths widens, leading to rapid growth.

253. (C) A sustained decline in the birth rate to match the low death rate.
Moving from the third to the fourth stage involves a transition from a late expanding population to a low stationary one. This shift occurs when the birth rate continues to fall until it aligns with the low death rate. Consequently, the population size stabilizes or may even decline, achieving a new demographic equilibrium in development.

254. (D) Declining CBR, low CDR, and slowing population growth.
A country in the late expanding stage exhibits a declining Crude Birth Rate alongside a consistently low Crude Death Rate. This happens as urbanization, increased education, and better access to family planning take effect. While the population continues to grow because births still outnumber deaths, the rate of that growth begins to slow down significantly over time.

255. (C) A decline in death rates due to public health improvements.
The transition from the high stationary stage to the early expanding stage is triggered by a sharp reduction in mortality. Improvements in sanitation, nutrition, and medical interventions lower death rates while birth rates remain high. This imbalance marks the beginning of the second stage, characterized by the start of a period of rapid and substantial population expansion.

256. (B) The economic potential of having a large working-age population.
The demographic dividend refers to the economic growth potential that arises when the proportion of the working-age population is higher than the dependent population. This youthful age structure provides a large workforce that can drive national development. However, realizing this benefit depends heavily on investing in the health, education, and employability of the young people within society.

257. (D) A skewed sex ratio indicating a deficit of females.
Despite India's large workforce and youthful population, the sex composition remains a critical concern for policy makers. The sex ratio reveals a persistent deficit of females, which indicates underlying social and demographic challenges. This imbalance in the number of males and females necessitates targeted interventions to address gender disparities and improve the overall social health of the nation.

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258. (A) Population density and resource requirements vary significantly across regions.
India's population is distributed unevenly across its geographical landscape, with some regions being much more densely populated than others. This variability means that different states face unique challenges regarding resource allocation and infrastructure development. Consequently, national planning must account for these regional differences to ensure that public services and development programs are effectively delivered to all citizens.

259. (C) Ensuring the health, education, and employability of the youth.
To fully benefit from the demographic dividend, a nation must ensure that its large youthful population is healthy, well-educated, and possess relevant job skills. Without these critical investments, the potential economic advantage of a large workforce cannot be realized. Therefore, focusing on human capital development is essential for converting a youthful age structure into actual economic and national growth.

260. (A) The design and focus of public health and welfare programs.
The distribution of people between rural and urban areas significantly shapes how health and family welfare services are planned and delivered. Rural and urban populations often have different resource needs and socio-economic conditions. Therefore, the rural-urban composition directly influences the strategic focus and operational design of public health initiatives, ensuring they are responsive to the specific requirements of each setting.

261. (D) Tubectomy.
Terminal methods of contraception are permanent surgical procedures intended for individuals or couples who have completed their family size. These methods provide lifelong protection against pregnancy and are generally not reversible. Tubectomy is the specific terminal procedure performed for females, involving the blocking or sealing of the fallopian tubes to prevent fertilization, thereby ensuring a long-term solution for reproductive goals.

262. (B) Allowing individuals to make an informed choice from various options.
The cafeteria approach is a strategic model in family planning that promotes the principle of informed choice. By offering a wide variety of contraceptive methods, the program allows individuals to select the option that best fits their personal health status, lifestyle, and reproductive goals. This client-centered strategy moves away from prescriptive methods and empowers users through comprehensive counseling and access.

263. (C) Spacing methods.
Spacing methods are contraceptive techniques designed to help individuals or couples postpone or space pregnancies according to their needs. These methods, which include hormonal options like oral pills and devices like IUDs, are characterized by being temporary and reversible. They allow for the resumption of fertility once the use of the method is discontinued, providing flexibility in reproductive planning.

264. (D) Spacing methods are temporary and reversible, while terminal methods are permanent.
The primary distinction between spacing and terminal contraceptive methods lies in their duration and reversibility. Spacing methods are intended for temporary use and allow a person to regain fertility when they decide to have a child. In contrast, terminal methods are permanent surgical interventions, such as vasectomy or tubectomy, designed to provide a lifelong and irreversible end to reproductive capacity.

265. (A) Empower users to voluntarily select and use appropriate contraceptive methods.
The client-centered model in family planning aims to shift the focus from government-driven targets to individual empowerment. By providing comprehensive counseling and a wide range of choices, this approach ensures that users can make voluntary and informed decisions about their reproductive health. This strategy is fundamental for fostering the effective and consistent use of services based on personal needs and goals.

266. (B) It was the first state-sponsored family planning program in the world.
India made a historic demographic contribution in 1952 by becoming the first country globally

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navigate the critical transition from childhood into healthy and productive adulthood.

226. (A) The states that have ratified it.
The UN Convention on the Rights of the Child is an international treaty that becomes legally binding on any nation that formally ratifies it. By doing so, the state commits to ensuring that all children within its jurisdiction are granted the full range of rights and protections outlined in the document. This requires the government to align its national laws and policies with the convention's principles, prioritizing the best interests of the child in all administrative and legal matters. This global agreement provides a powerful framework for promoting child welfare and protecting young people worldwide.

227. (C) To act as a focal point for health and wellness activities and disseminate information to students.
In the modernized School Health Programme, teachers designated as health and wellness ambassadors play a vital role as the primary link between the health system and the student population. Their role is to act as a focal point within the school, leading various health promotion activities and disseminating essential information on topics like nutrition, hygiene, and mental well-being. By integrating these messages into the daily school routine, the ambassadors help create a supportive environment that encourages healthy behaviors and allows for the early identification of potential health issues among the students.

228. (D) National per capita income
To calculate fundamental demographic indicators like the crude birth rate and the crude death rate, researchers rely on specific data related to vital events and population size. This includes the total number of live births, the number of deaths, and the estimated mid-year population. These statistics provide a direct measure of demographic dynamics within a society. In contrast, national per capita income is an economic measure that reflects the average wealth of individuals. While economic status influences health outcomes, it is not a direct variable used to calculate these basic demographic rates.

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229. (C) Political methods
Contraceptive methods are categorized based on their technical and biological mechanisms for preventing pregnancy. Common approaches include hormonal methods that use chemicals to regulate fertility, barrier methods that physically block sperm, and natural methods based on behavioral observations. Surgical procedures like sterilization are also used for permanent prevention. While government policies and political environments can influence the availability and promotion of these services, there is no technical category of contraception known as a 'political method'. Effective family planning relies on established medical and behavioral techniques chosen voluntarily by individuals.

230. (B) Socio-economic development and quality healthcare.
The evolution of India's family welfare initiatives reflects a deep understanding that achieving sustainable population goals is closely linked to overall socio-economic development. National programs have moved away from coercive measures, recognizing that factors like female education, empowerment, and improved access to high-quality healthcare are essential for influencing reproductive choices. When people have better health outcomes and greater economic security, they are more likely to voluntarily adopt smaller family norms. This holistic approach ensures that population stabilization is achieved through the promotion of individual well-being and the protection of fundamental human rights.

231. (D) The state of being diseased or unhealthy.
In the context of public health, the term morbidity refers to the state of being diseased, injured, or otherwise unhealthy within a specific population. When discussing women's health, morbidity data provides essential insights into the prevalence of various conditions, such as chronic illnesses, reproductive tract infections, or nutritional deficiencies. Unlike mortality, which tracks deaths, morbidity focuses on the quality of life and the burden of disease. Monitoring these patterns is vital for planning effective healthcare services and developing targeted interventions to improve the overall physical and mental well-being of women.

274. (A) A consciously perceived and expressed desire to use family planning.
Felt need represents the demand for family planning that is actively recognized and expressed by individuals or couples. This conscious desire to space or limit the number of children leads them to seek out services and methods. Understanding felt need is essential for health providers to design programs that effectively respond to the existing motivations and reproductive intentions of the target population.

275. (C) To use commercial marketing techniques to increase contraceptive use and acceptability.
Social marketing applies commercial marketing strategies to promote health products and positive behaviors. In family planning, it is used to improve the accessibility and social acceptability of contraceptives. By creating awareness and making products more available through diverse channels, social marketing helps bridge the gap between awareness and practice, ultimately encouraging individuals to adopt and maintain consistent use of family planning methods.

276. (A) To reduce maternal deaths and illness caused by unsafe abortions.
The Medical Termination of Pregnancy (MTP) Act of 1971 was primarily enacted to address the high rates of maternal mortality and morbidity resulting from illegal and unsafe abortions. By legalizing the termination of pregnancy under specific medical and humanitarian grounds, the Act aimed to provide women with access to safe and professional services, thereby protecting their overall health and well-being.

277. (D) Regulate and prevent the misuse of diagnostic technologies for sex selection.
The Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT) Act of 1994 was introduced to stop the misuse of technologies like ultrasound for sex determination. Its main goal is to prohibit sex selection before or after conception and prevent female foeticide. The Act regulates the use of these diagnostic tools, ensuring they are only used for detecting genetic or medical conditions.

278. (B) A substantial risk that the child would be born with serious abnormalities.
The MTP Act defines specific conditions under which an abortion can be legally performed. One valid ground is when there is a significant risk that the child, if born, would suffer from serious physical or mental abnormalities. Other legal grounds include threats to the woman's life or health, and pregnancies resulting from rape, ensuring that medical terminations occur within a regulated framework.

279. (C) Disclosing the sex of the fetus to the expecting parents.
Under the PC & PNDT Act, it is strictly forbidden for any person conducting prenatal diagnostic procedures to disclose the sex of the fetus. This prohibition extends to the pregnant woman and her relatives. The law aims to eliminate the practice of sex-selective abortion by ensuring that diagnostic techniques are used solely for medical purposes and never to identify the gender of the unborn.

280. (D) The PC & PNDT Act aims to prevent the misuse of the provisions of the MTP Act for sex-selective abortion.
While the MTP Act legalizes abortion under certain health and humanitarian circumstances, the PC & PNDT Act provides a crucial check to prevent its misuse. The latter prohibits sex determination to ensure that the provisions for legal abortion are not exploited for female foeticide. Together, these laws aim to protect maternal health while simultaneously combating gender-biased practices within the healthcare system of India.

281. (A) An integrated approach combining maternal health, child health, and family planning.
The Reproductive and Child Health (RCH) Program marked a move away from vertical health initiatives. Instead of treating family planning and child health as separate tasks, it adopted a holistic framework. This approach integrated maternal care, child survival, and reproductive services into a single package. By doing so, it aimed to provide more comprehensive care that addressed the interconnected health needs.

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to launch a state-sponsored family planning program. Initially, this initiative followed a clinical approach, focusing on providing contraceptive services through government health facilities. This early start reflected the nation's recognition of population dynamics as a critical factor in national development and public health from its infancy.

267. (B) Target-oriented with an emphasis on demographic goals.
Before the mid-1990s, India's family welfare program was primarily driven by top-down demographic objectives. Success was measured by the achievement of specific targets, such as the number of sterilizations performed within a given timeframe. This target-oriented strategy often prioritized population control over individual needs, eventually leading to a significant shift toward more holistic and client-centered reproductive health frameworks in later years.

268. (A) The global consensus reached at the 1994 International Conference on Population and Development (ICPD).
The 1994 International Conference on Population and Development (ICPD) in Cairo was a turning point for global population policies. It emphasized reproductive rights and individual health over rigid demographic targets. Following the ICPD consensus, India officially moved away from its top-down, target-based system in 1996. This led to the adoption of a more holistic approach that integrated family planning with broader services.

269. (C) Meeting the health needs of individuals and ensuring informed choice.
The Target-Free Approach (TFA), introduced in 1996, represented a fundamental shift in India's family welfare strategy. By abandoning numeric sterilization quotas, the program prioritized the actual health needs of individuals. The focus moved toward providing high-quality services and ensuring that every person could make an informed choice about their reproductive health, thereby making the program more responsive, voluntary, and user-friendly.

270. (D) The integration of family planning into the broader Reproductive and Child Health (RCH) Program.
After 1996, India's family welfare efforts underwent a major reorganization, moving away from isolated initiatives. Family planning services were integrated into the more comprehensive Reproductive and Child Health (RCH) Program. This integrated framework combined maternal health, child survival, and contraception into a single, holistic service delivery model. This evolution aimed to provide a continuum of care that addressed multiple health needs simultaneously.

271. (C) A woman who wants to prevent pregnancy but is not using any contraceptive method.
Unmet need in family planning occurs when there is a gap between a person's reproductive intentions and their actual behavior. It specifically refers to sexually active women who express a desire to stop or delay childbearing but are not currently using any form of contraception. Reducing this gap is a major goal for health programs seeking to improve reproductive health outcomes.

272. (B) Limited female autonomy in making reproductive decisions.
Social barriers significantly influence the adoption of family planning practices. One major issue is the limited autonomy many women have in making decisions about their own reproductive health. When women lack the power to decide on the number and timing of their children, they are less likely to use contraception. Addressing this lack of agency is crucial for successful family planning initiatives.

273. (D) Help clients make voluntary and informed decisions by addressing their concerns.
Counseling is a vital interpersonal process in family planning that goes beyond the mere distribution of information. Its primary objective is to help clients explore their feelings, address fears regarding side effects, and resolve misconceptions. Effective counseling empowers individuals to make voluntary and informed choices about contraceptive methods, ensuring that the selected approach aligns with their personal reproductive goals and health needs.

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because it provides the medical interventions necessary to treat life-threatening complications. Conditions such as severe bleeding or obstructed labor require immediate and specialized care to prevent maternal death. Ensuring access to EmOC facilities is essential for saving lives when routine pregnancy or delivery becomes a medical emergency for the woman.

291. (C) Acute respiratory infections (ARI).
Children in India face several major health challenges that are often preventable through timely medical interventions and public health measures. Acute respiratory infections (ARI) are identified as one of the primary causes of morbidity and mortality among this demographic. Other significant problems include malnutrition, vaccine-preventable diseases, and diarrheal illnesses. Addressing these issues is a central priority within the national health framework for children.

292. (A) Provide free vaccinations against preventable diseases.
The Universal Immunization Programme (UIP) is a key national health initiative aimed at protecting children from life-threatening diseases. It provides free vaccinations against a variety of conditions that can be prevented through immunization. By ensuring high coverage of these vaccines across the population, the program significantly reduces child mortality and morbidity, making it a cornerstone of child health and survival efforts.

293. (D) Adopts a holistic approach to adolescent health, including mental and sexual health.
The Rashtriya Kishor Swasthya Karyakram (RKSK) is distinct because it moves beyond a purely clinical health model. It addresses the diverse and evolving needs of adolescents by taking a holistic approach. This includes focusing on nutrition, mental health, substance abuse, and sexual and reproductive health. By recognizing these unique requirements, the program seeks to support the well-being of youth during this transition.

294. (B) To equip health workers to holistically manage common childhood ailments.
The Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy is designed to improve the quality of care for children at the community level. Its main objective is to train health workers to manage common childhood ailments using an integrated and holistic approach. By focusing on multiple symptoms and conditions simultaneously, the strategy ensures more effective treatment and better health outcomes for young children.

295. (C) Provide a confidential and supportive environment for adolescents to seek health services.
Adolescent Friendly Health Clinics (AFHCs) are essential components of programs like RKSK because they provide a specialized setting for young people. These clinics offer a confidential and supportive environment where adolescents can seek health services without fear of judgment. By addressing sensitive issues like reproductive health and mental well-being in a friendly manner, AFHCs help increase the accessibility and utilization of services.

296. (D) Survival, development, protection, and participation.
Modern health programs for children are increasingly grounded in a rights-based perspective derived from international conventions. These child rights include the right to survival, which ensures basic life needs; the right to development, supporting growth and learning; the right to protection from harm; and the right to participation in society. These principles guide the design of interventions aimed at ensuring every child thrives.

297. (A) To promote positive health and enable early diagnosis of health issues.
The School Health Programme acts as a vital institutional mechanism for promoting the well-being of students. Its primary objectives are to foster positive health and ensure the early diagnosis and treatment of common health problems. By identifying issues like nutritional deficiencies or sensory impairments early, the program helps prevent long-term complications and supports the overall physical and mental development of the student population.

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Statement I : Health education primarily focuses on imparting knowledge.
Statement II : The ultimate goal of health education is a change in health behavior and practices.
Which of the following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

10. A health educator is trying to communicate with a community that speaks a different dialect. This represents which type of communication barrier?
(A) Socio-cultural barrier
(B) Emotional barrier
(C) Physiological barrier
(D) Technological barrier

11. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : In the context of e-medicine, ensuring patient data privacy is a major legal and ethical concern.
Reason (R) : The transmission of health information over electronic networks carries an inherent risk of unauthorized access and breaches.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

12. Which of the following is NOT a recognized approach to health education?
(A) Educational approach
(B) Coercive approach
(C) Service approach
(D) Regulatory approach

13. A doctor providing a one-on-one consultation to a diabetic patient about diet management is an example of which communication method?
(A) Mass communication
(B) Group communication
(C) Individual communication (counseling)
(D) Organizational communication

14. Match List I with List II regarding communication in health education.
List I (Mode of Communication):
P. Verbal
Q. Non-verbal
R. Written
S. Visual
List II (Example):
1. Poster with images
2. Facial expressions
3. Spoken advice
4. Prescription slip
Codes:
(A) P-3, Q-2, R-4, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-4, R-1, S-2
(D) P-2, Q-3, R-4, S-1

15. The term 'm-Health' is a component of the broader concept of:
(A) E-Health
(B) Traditional Medicine
(C) Public Health
(D) Distance Education

16. Which of the following is the most appropriate first step in organizing a community-wide health education program?
(A) Printing pamphlets and posters.
(B) Identifying the target audience and their specific needs.
(C) Booking a venue for the inaugural function.
(D) Requesting media coverage for the event.

17. Consider the following statements about communication barriers:
a. Loud noise from construction outside a clinic is a physical barrier.
b. A patient's fear and anxiety can act as a psychological barrier.
c. Using the word 'oncology' with a layperson without explanation is a semantic barrier.
d. Belief that a disease is a divine punishment is a socio-cultural barrier.
Which of the above statement(s) is/are correct?
(A) a and c only
(B) b, c and d only
(C) a and b only
(D) a, b, c, and d

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CHAPTER 08

Health Education/IEC/BCC and Information Technology in Health

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1. Which of the following is the most fundamental concept of health education?
(A) Curing diseases through advanced medical treatment.
(B) Encouraging voluntary changes in behavior to promote health.
(C) Enforcing health laws and regulations strictly.
(D) Providing free medical services to all citizens.

2. An objective of health education that aims to change an individual's beliefs and values about health is related to which domain?
(A) Affective domain
(B) Cognitive domain
(C) Psychomotor domain
(D) Legislative domain

3. Which of the following is an example of a one-way communication method in health education?
(A) Focus group discussion
(B) Counseling session
(C) Public lecture
(D) Role-playing

4. The inability of a receiver to understand a health message due to the use of complex medical terminology is an example of which type of communication barrier?
(A) Physical barrier
(B) Psychological barrier
(C) Organizational barrier
(D) Semantic barrier

5. What is the primary purpose of conducting a needs assessment before planning a health education program?
(A) To secure institutional funding and financial resources for the project.
(B) To evaluate the comprehensive impact of the program after its completion.
(C) To identify the health problems and educational needs of the target population.
(D) To recruit and train specialized staff members for program implementation.

6. Which of the following best defines 'E-medicine'?
(A) The regulated practice of selling medicinal products through e-commerce portals.
(B) The use of electronic communications to provide clinical care from a distance.
(C) The manufacturing of pharmaceuticals using automated and electronic processes.
(D) The administrative system used to manage hospital data networks electronically.

7. What is the most significant advantage of using m-Health for health education?
(A) It eliminates the requirement for visits with professional healthcare staff.
(B) It functions as a cost-free service that requires no institutional funding.
(C) It is designed to be effective only for high-income segments of the public.
(D) It has a wide reach and provides information directly to personal devices.

8. Which of the following statements about the role of media in health education is incorrect?
(A) Media representation of health is always accurate and unbiased.
(B) Media can rapidly disseminate health information to a large audience.
(C) Media can influence public opinion and set the agenda for health issues.
(D) Media can be used for social mobilization during health campaigns.

9. Consider the following statements regarding the goals of health education:

298. (B) Conducting regular health screening and providing micronutrient supplements.
A key component of the School Health Programme is the regular health screening of students to detect common ailments. Along with screening, the program provides essential services such as immunization and micronutrient supplementation, including iron and folic acid. These interventions are designed to address nutritional gaps and prevent diseases, making the school a critical center for health promotion and early medical intervention.

299. (B) By addressing health issues that could impede learning and growth.
The School Health Programme supports a child's right to development by proactively addressing health concerns that might otherwise hinder their education and physical growth. By detecting and treating issues like vision problems or malnutrition early, the program ensures that children are healthy enough to learn and participate fully in school. This comprehensive approach is essential for fostering a child's long-term potential.

300. (A) Fulfill a fundamental aspect of health promotion and disease prevention.
A crucial part of the School Health Programme is maintaining a safe and hygienic school environment. This includes providing access to clean drinking water and proper sanitation facilities. Such measures are fundamental for health promotion and disease prevention, as they reduce the risk of infections and foster healthy behaviors. By ensuring a clean setting, schools support the overall well-being of the youth population.

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18. A patient in a remote village receives a diagnosis from a specialist in a city hospital via video conferencing. This is a classic example of:
(A) Telemedicine
(B) E-commerce
(C) m-Health
(D) Distance education

19. In the context of health education program management, 'monitoring' refers to:
(A) The evaluation of the final qualitative impact of the program outcomes.
(B) The initial collection of baseline data prior to program commencement.
(C) The routine tracking of program activities to ensure they are on schedule.
(D) The allocation of financial budgets and resources for program personnel.

20. Which of the following is considered a major legal issue associated with distance education in the health sector?
(A) The color of the university logo.
(B) The number of students enrolled in a course.
(C) The software used for delivering lectures.
(D) Accreditation and recognition of the courses offered.

21. The 'service approach' in health education is characterized by:
(A) Mandating that individuals adopt healthy behaviors through local legislation.
(B) Delivering theoretical health knowledge without offering any support services.
(C) Providing health services to encourage learning through direct user experience.
(D) Relying exclusively on national mass media campaigns for public instruction.

22. Arrange the following steps in planning a health education program in the correct chronological sequence:
1. Implementation of the program
2. Setting goals and objectives
3. Needs assessment
4. Evaluation
(A) 3, 2, 1, 4
(B) 2, 3, 1, 4
(C) 1, 2, 3, 4
(D) 3, 1, 2, 4

23. Which of the following is an example of using broadcast media for health education?
(A) A feature on sanitation in a national newspaper.
(B) A health information poster in a hospital.
(C) A leaflet distributed door-to-door.
(D) A radio jingle about the importance of handwashing.

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24. A patient using a mobile application to log their daily blood pressure readings and send them to their doctor is an application of:
(A) E-Health and m-Health
(B) E-commerce only
(C) Distance education only
(D) Traditional media

25. The objective of health education to develop skills, such as learning how to self-administer an insulin injection, falls under which domain?
(A) Cognitive
(B) Affective
(C) Psychomotor
(D) Social

26. Which of the following is NOT a barrier to communication in health education?
(A) Using simple, clear language
(B) Emotional disturbance
(C) Cultural taboos
(D) Lack of credibility of the source

27. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : The use of m-Health apps has grown significantly in recent years.
Reason (R) : Increased smartphone penetration and internet access have made mobile health solutions more accessible to the general population.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

28. The concept of "informed consent" in e-medicine implies that:
(A) The patient has formally consented to pay

Which of the above are examples of m-Health?
(A) a, b, and c only
(B) a, d, and e only
(C) c, d, and e only
(D) All a, b, c, d, and e

66. Read the following statements regarding distance education in health:
Statement I : Distance education in health can only be used to train doctors and nurses.
Statement II : The public can also be a target audience for health-related distance education programs through mass media and online courses.
Which of the following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

67. The "regulatory approach" to health promotion involves:
(A) Providing educational materials.
(B) Offering free health check-ups.
(C) Using laws and policies to influence health behavior.
(D) Conducting group discussions.

68. An unexpected power outage during a health education presentation via projector is an example of a:
(A) Semantic barrier
(B) Psychological barrier
(C) Cultural barrier
(D) Physical barrier

69. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : The role of media in health education can be both positive and negative.
Reason (R) : While media can disseminate vital health information, it can also spread misinformation and create health-related anxieties.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

70. For a health education program to be successful, the organization of the program must ensure:
(A) That it is managed by a single person without any team.
(B) Clear communication channels and well-defined responsibilities.
(C) The program plan is rigid and cannot be changed.
(D) Evaluation is avoided as it is time-consuming.

71. Which of the following is a two-way communication method?
(A) Radio broadcast
(B) Newspaper article
(C) Poster exhibition
(D) Panel discussion

72. The "digital divide" is a significant challenge for:
(A) The implementation of e-Health and m-Health initiatives.
(B) Traditional health education methods.
(C) The regulatory approach to health.
(D) The service approach to health.

73. Which of the following is the best example of a "psychomotor" objective in health education?
(A) The patient will be able to list three symptoms of a heart attack.
(B) The patient will value the importance of regular exercise.
(C) The patient will correctly demonstrate how to use a medical inhaler.
(D) The patient will be aware of the location of the nearest clinic.

74. The most significant liability concern for a physician engaged in e-medicine is:
(A) Potential for misdiagnosis due to the absence of a physical examination.
(B) The cost of the technology platform.
(C) The time zone difference between the doctor and the patient.
(D) The brand of the patient's computer.

75. Arrange the following media types from oldest to newest in terms of their use in mass health education.
1. Internet websites and Social Media
2. Radio
3. Print (Newspapers, Pamphlets)

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(A) Program Evaluation
(B) Program Implementation
(C) Program Planning
(D) Program Monitoring

38. Match List I with List II regarding health concepts.
List I (Concept):
P. e-Health
Q. m-Health
R. Telemedicine
S. Distance Education
List II (Description):
1. Using mobile wireless technologies for health.
2. Learning delivered to geographically dispersed learners.
3. The use of ICT for health, a broad term.
4. Remote clinical service delivery.
Codes:
(A) P-1, Q-3, R-2, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-4, Q-2, R-1, S-3
(D) P-3, Q-4, R-2, S-1

39. The objective of raising awareness about a new vaccine is primarily a:
(A) Psychomotor objective
(B) Affective objective
(C) Behavioral objective
(D) Cognitive objective

40. An angry and defensive patient is unable to listen to the doctor's advice. This is an example of what type of communication barrier?
(A) Psychological
(B) Physical
(C) Semantic
(D) Socio-cultural

41. Consider the following statements regarding the role of media in health education:
a. Media can help in creating widespread awareness about health issues quickly.
b. Media can sometimes promote unhealthy behaviors or create unnecessary panic.
c. The internet and social media allow for interactive, two-way communication about health.
d. Print media is no longer relevant for health education in the digital age.
Which of the above statement(s) is/are correct?
(A) a and d only
(B) b and c only
(C) a, b, and c only
(D) a, b, c, and d

42. Tele-consultation, tele-radiology, and tele-pathology are all components of:
(A) E-medicine
(B) m-Health
(C) Health Journalism
(D) Distance Education

43. Which of the following is NOT a core component of organizing a health education program?
(A) Defining roles and responsibilities of the team.
(B) Establishing a clear chain of command and communication.
(C) Coordinating with other departments and agencies.
(D) Securing a celebrity endorsement for all programs.

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44. Which term describes the process of translating a health message from a technical concept into a form that is easily understood by the target audience?
(A) Decoding
(B) Encoding
(C) Feedback
(D) Channeling

45. The 'educational approach' to health education is best described as:
(A) Offering health services with the hope that participants learn from the experience.
(B) Utilizing legislative laws to mandate healthy lifestyle behaviors within a population.
(C) Helping people make informed decisions through knowledge and skill development.
(D) Focusing exclusively on curing advanced diseases rather than proactive prevention.

46. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : A well-planned health education program must have clearly defined, measurable objectives.
Reason (R) : Measurable objectives are essential

for evaluating the effectiveness and impact of the program.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

47. In communication, 'feedback' is crucial because it:
(A) Allows the sender to know if the message was received and understood correctly.
(B) Is a type of physical barrier.
(C) Ensures the message is always in written form.
(D) Is the initial message sent by the source.

48. A potential legal issue with m-Health apps that collect personal health data is:
(A) Color scheme of the app's user interface.
(B) Violation of user privacy and data security.
(C) Version of the mobile operating system.
(D) Size of the app download file.

49. Arrange the following communication methods from typically serving the smallest to the largest audience.
1. Mass media campaign (Television)
2. Lecture to 100 students
3. One-on-one counseling
(A) 1, 2, 3
(B) 3, 2, 1
(C) 2, 3, 1
(D) 3, 1, 2

50. Which of the following is a key characteristic of Behavior Change Communication (BCC)?
(A) It is a dialogue-based process aimed at influencing individual and community behaviors.
(B) It functions as a one-time effort delivered through a single communication channel.
(C) It focuses on providing general information without including a specific call to action.
(D) It is only effective when targeted toward educated and urbanized populations.

51. The use of a wearable device that tracks a person's steps and heart rate and syncs with a smartphone app is an example of:
(A) Telemedicine
(B) Distance Education
(C) m-Health
(D) E-commerce

52. The planning phase of a health education program should ideally conclude with:
(A) The immediate commencement of the program's primary activities.
(B) The publication of findings in an academic peer-reviewed journal.
(C) The final selection of the program's specific target audience.
(D) A detailed plan of action with timelines, budget, and evaluation criteria.

53. Which of the following correctly pairs a communication method with its primary mode?
(A) Lecture - Two-way communication
(B) Counseling - Mass communication
(C) Panel Discussion - Two-way communication
(D) Television advertisement - Interpersonal communication

54. The concept of using electronic health records (EHRs) falls under the broad umbrella of:
(A) m-Health
(B) E-Health
(C) Health Journalism
(D) Regulatory Health

55. One of the main objectives of health education is to bridge the gap between:
(A) Health professionals and patients.
(B) Public and private hospitals.
(C) Traditional and modern medicine.
(D) Health knowledge and health behavior.

56. In the management of a health education program, 'supervision' involves:
(A) Providing guidance and support to the staff to improve performance and ensure quality.
(B) Conducting a strictly financial audit of the program's allocated monetary resources.
(C) Executing the initial design and theoretical framework of the health program.
(D) Drafting the final comprehensive report at the end of the program's lifecycle.

57. Consider the following statements about legal issues in e-medicine:

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a. A doctor's license may not permit them to provide consultations to patients in another state or country.
b. The standard of care for a teleconsultation may differ from an in-person visit.
c. Obtaining informed consent is less important in teleconsultations.
d. There are no concerns about prescribing controlled substances via telemedicine.

Which of the above statement(s) is/are correct?
(A) a and b only
(B) c and d only
(C) a, b, and d only
(D) a, c, and d only

58. Which of the following best describes the role of media as an 'agenda-setter' in health?
(A) Media can influence what health topics the public and policymakers consider important.
(B) Media only reports on health topics dictated by the government.
(C) Media provides a balanced view of all health issues equally.
(D) Media's only role is to entertain, not to inform about health.

59. A health educator using puppets to teach hygiene to primary school children is using what kind of communication method and mode?
(A) Mass communication; verbal mode
(B) Individual communication; written mode
(C) Organizational communication; non-verbal mode
(D) Group communication; visual and verbal modes

60. Which of the following is NOT a concept of health education?
(A) It is a planned learning experience.
(B) It primarily involves surgical intervention.
(C) It aims to influence voluntary health-related behaviors.
(D) It is based on the needs and interests of the people.

61. Which of the following is a significant barrier to effective health communication?
(A) Empathy of the communicator
(B) Credibility of the source
(C) Low health literacy of the audience
(D) Use of simple, non-technical language

62. Match List I with List II regarding communication barriers.
List I (Type of Barrier):
P. Physical
Q. Psychological
R. Semantic
S. Socio-cultural
List II (Example):
1. Medical jargon
2. Gender roles preventing women from seeking care
3. A noisy environment
4. Fear and anxiety
Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-3, Q-1, R-4, S-2
(D) P-4, Q-3, R-2, S-1

63. The primary goal of managing a health education program is to:
(A) Ensure the program is implemented efficiently and effectively to achieve its objectives.
(B) Spend the entire allocated budget regardless of outcomes.
(C) Hire the maximum number of staff possible.
(D) Focus only on the planning stage.

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64. A key difference between E-Health and m-Health is that:
(A) E-Health is older, while m-Health is a modern concept.
(B) E-Health is a broader term, while m-Health specifically involves mobile devices.
(C) E-Health is for doctors, while m-Health is for patients.
(D) There is no difference; the terms are perfectly interchangeable.

65. Consider the following items:
a. An SMS reminder for a vaccination appointment.
b. A live video consultation with a doctor via a smartphone app.
c. A fitness band that tracks daily steps.
d. A website providing information on diabetes management.
e. A printed pamphlet on breastfeeding.

the standard fee for a consultation.
(B) The patient understands the process, risks, and alternatives to teleconsultation.
(C) The doctor possesses all necessary legal qualifications to provide medical care.
(D) The patient's clinical data will be archived in a system for an indefinite period.

29. Which of the following is the best example of a health education program focusing on management and organization?
(A) A single physician delivering a health talk at a local community center.
(B) An individual user reading a generic health blog through an online portal.
(C) A national campaign with defined roles, budget, timeline, and coordination.
(D) A pharmacist recommending an over-the-counter drug to a regular customer.

30. Consider the following modes of communication used in health education:
a. Pamphlets
b. Television commercials
c. Counseling sessions
d. Health-related websites
e. Radio dramas
Which of the above are considered forms of mass media communication?
(A) a, b, and c only
(B) c, d, and e only
(C) a, b, d, and e only
(D) All a, b, c, d, and e

31. A health campaign that uses laws to enforce seatbelt use is an example of which approach?
(A) Regulatory/Legal approach
(B) Educational approach
(C) Service approach
(D) Primary healthcare approach

32. A 'Focus Group Discussion' is a method primarily used for:
(A) Providing individual psychological counseling and private medical therapy sessions.
(B) Exploring perceptions and attitudes of a specific group through in-depth dialogue.
(C) Disseminating general information to a very large and geographically dispersed audience.
(D) Providing specific clinical health services to patients residing in remote areas.

33. Read the following statements regarding non-verbal communication in health education:
Statement I : Non-verbal communication, such as body language, is often more impactful than verbal communication.
Statement II : In a health education setting, a communicator's tone of voice and facial expressions can significantly affect how the message is received.
Which of the following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

34. What does the term IEC stand for in the context of health programs?
(A) Information, Education, and Communication
(B) Information, Entertainment, and Communication
(C) Internal, External, and Communication
(D) Investigation, Education, and Clarification

35. A major challenge for the widespread adoption of e-Health in rural areas of developing countries is:
(A) The general lack of interest in medical technology from the rural population.
(B) The high prevalence of chronic diseases requiring intensive clinical management.
(C) The digital divide, including limited infrastructure and low digital literacy.
(D) The refusal of medical doctors to utilize modern technology in clinical practice.

36. Which one of the following is an example of print media used in health education?
(A) A health-focused talk show on the radio.
(B) An educational video on YouTube.
(C) A flip chart used in a group session.
(D) A newspaper article on preventing dengue fever.

37. The process of developing a systematic plan of action, including setting goals and identifying resources for a health education initiative, is called:

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(A) 1, 2, 3
(B) 2, 1, 3
(C) 3, 2, 1
(D) 3, 1, 2

76. The acronym BCC in the context of health communication stands for:
(A) Basic Communication Concepts
(B) Behavior Change Communication
(C) Broadcast Communication Channel
(D) Barrier and Channel Communication

77. An objective stated as "At the end of the session, 80% of participants will be able to identify five sources of protein" is an example of a:
(B) Affective, long-term objective.
(C) Specific, measurable, cognitive objective.
(A) Vague and unmeasurable objective.
(D) Psychomotor objective.

78. The primary difference between a method and a mode of communication is:
(A) A mode is the 'how' (e.g., discussion), while a method is the 'form' (e.g., visual).
(B) There is no difference; they are interchangeable terms.
(C) A method is for individuals, while a mode is for groups.
(D) A method is the 'how' (e.g., lecture), while a mode is the 'form' (e.g., verbal).

79. Consider the following statements about planning a health education program:
a. It is a dynamic and continuous process.
b. It should be based on a thorough needs assessment.
c. A good plan includes a strategy for evaluation.
d. It should be rigid and unchangeable once made.
Which of the above statement(s) is/are correct?
(A) a and d only
(B) b, c, and d only
(C) a, b, and c only
(D) a, b, c, and d

80. The use of social media platforms like Twitter and Facebook by public health agencies to provide real-time updates during an epidemic is an effective use of:
(A) Print media
(B) New media for health education
(C) Traditional folk media
(D) Only interpersonal communication

81. Which of the following is a significant advantage of using group methods like focus groups for health education?
(A) They ensure complete anonymity for all participants.
(B) They allow for peer support and the sharing of experiences.
(C) They are the quickest way to reach the entire population.
(D) They eliminate all communication barriers.

82. In the context of e-medicine, what is a primary legal concern regarding licensure?
(A) Doctors needing to be licensed in the patient's location as well.
(B) Doctors needing to be licensed in their own state/country.
(C) Patients needing a license to receive teleconsultation.
(D) The technology platform needing a medical license.

83. Which of the following is NOT an objective of health education?
(A) To inform people about health and disease.
(B) To motivate people to adopt healthier practices.
(C) To force people to accept a specific treatment against their will.
(D) To help people develop skills for maintaining health.

84. Match List I with List II regarding media types in health education.
List I (Media Type):
P. Print Media
Q. Broadcast Media
R. New Media
S. Folk Media
List II (Example):
1. Puppet Show
2. Health App
3. Radio Program
4. Health Magazine
Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-4, Q-3, R-2, S-1

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(C) P-4, Q-3, R-1, S-2
(D) P-2, Q-4, R-3, S-1

85. Which of the following defines 'E-Health' in its broadest sense?
(A) The use of electricity in hospitals.
(B) The sale of electronic medical devices.
(C) The practice of healthcare supported by electronic processes and communication.
(D) A brand of health supplements.

86. When a health worker respects the local customs and beliefs while delivering a health message, they are trying to overcome:
(A) Physical barriers
(B) Socio-cultural barriers
(C) Semantic barriers
(D) Organizational barriers

87. Read the following statements regarding health program administration:
Statement I : The management of a health education program includes monitoring and supervision.
Statement II : Organization of a health education program involves defining the structure and roles for implementation.
Which of the following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

88. Which of the following is a barrier to communication?
(A) Information overload
(B) Active listening
(C) Empathy
(D) Clear, simple language

89. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : Distance education can help in overcoming the shortage of skilled health personnel in remote areas.
Reason (R) : It allows for the training and continuous professional development of health workers without them having to leave their place of work for long periods.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

90. In a health education setting, 'noise' as a communication barrier refers to:
(A) Any factor that distorts or interferes with the message, including psychological or semantic factors.
(B) Only loud, audible sounds.
(C) The use of inappropriate language.
(D) A lack of feedback from the receiver.

91. The use of a smartphone camera to send a picture of a skin rash to a dermatologist for review is an application of:
(A) Real-time interactive telemedicine
(B) Distance education
(C) Health marketing
(D) Store-and-forward telemedicine

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92. Which of the following is an affective objective of a health education program on smoking?
(A) Participants will be able to list three diseases caused by smoking.
(B) Participants will develop a negative attitude towards smoking.
(C) Participants will demonstrate how to use a nicotine patch.
(D) Participants will know the location of smoking cessation clinics.

93. The planning of a health education program is said to be most effective when it is:
(A) Developed by experts without community input.
(B) Identical for all communities regardless of their needs.
(C) Based on the active participation of the target community.
(D) Focused only on short-term, easily achievable goals.

94. Which of the following statements about the role of media in health education is correct?
(A) The media's influence on health behavior is always direct and powerful (magic bullet theory).
(B) Only traditional media like TV and radio are

effective for health communication.
(C) The media has no role in shaping health policy.
(D) The media can play a role in promoting health literacy among the general public.

95. Consider the following characteristics of a health education program:
a. Based on a needs assessment
b. Has clear and measurable objectives
c. Involves community participation
d. Includes a plan for evaluation
e. Uses a variety of communication methods
Which of the above are essential for a well-planned and organized program?
(A) a and b only
(B) c, d, and e only
(C) a, b, and c only
(D) All a, b, c, d, and e

96. Which of the following is NOT a method of communication in health education?
(A) Lecture
(B) Diagnosis
(C) Focus Group Discussion
(D) Counseling

97. An electronic prescription (e-prescribing) system is a component of:
(A) Health journalism
(B) E-medicine
(C) The regulatory approach
(D) Folk media

98. The principle of 'Credibility' in health education means that the:
(A) Health educator and the information provided must be trustworthy.
(B) Message must be complex and scientific.
(C) Program must be very expensive.
(D) Target audience must have a high level of education.

99. Which of the following is a key advantage of using new media (internet, social media) for health education over traditional media?
(A) It is always more credible and accurate.
(B) It reaches everyone in the population equally.
(C) It allows for greater interactivity and user engagement.
(D) It does not require any technological infrastructure.

100. Arrange the following organizational steps for a health education program in logical order.
1. Allocation of resources (budget, staff)
2. Defining the organizational structure and roles
3. Coordination with stakeholders
4. Needs Assessment
(A) 4, 2, 1, 3
(B) 1, 2, 3, 4
(C) 4, 1, 2, 3
(D) 2, 4, 1, 3

101. A significant ethical issue in distance education for health professionals is:
(A) Font size used in online materials.
(B) Duration of the welcome video.
(C) Ensuring that practical skills are adequately taught and assessed.
(D) Number of modules in the course.

102. Which of the following is a primary objective of Information, Education and Communication (IEC) activities in public health?
(A) To generate revenue for the health department.
(B) To increase awareness, change attitudes, and promote healthy behaviors.
(C) To conduct clinical trials on new drugs.
(D) To manage hospital logistics and supply chains.

103. In communication, a sender's body language that contradicts their spoken words creates:
(A) A clear and effective message.
(B) A strong channel for feedback.
(C) An example of effective encoding.
(D) A mixed message leading to a communication barrier.

104. Which of the following is the best definition of health education?
(A) Any combination of learning experiences designed to help individuals and communities improve their health.
(B) The distribution of free medicines to the needy.
(C) The legal enforcement of sanitary regulations.

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(D) Data privacy and informed consent

124. Consider the following entities involved in a national health education program:
a. Ministry of Health
b. Local community leaders
c. Television and radio broadcasters
d. School teachers
e. Non-governmental organizations (NGOs)
Which of the above would be required for the effective organization and management of the program?
(A) a and b only
(B) a, c, and e only
(C) a and e only
(D) All a, b, c, d, and e

125. The term 'telehealth' is often used interchangeably with 'telemedicine', but telehealth can be broader, including:
(A) Only services provided by non-physicians.
(B) Only administrative meetings held via video conference.
(C) Non-clinical applications like provider training and continuing medical education.
(D) The sale of health-related products online.

126. A health educator noticing a patient frowning and crossing their arms while discussing a treatment plan is interpreting:
(A) Verbal communication
(B) Semantic noise
(C) A physical barrier
(D) Non-verbal communication

127. An objective focused on changing an individual's knowledge or understanding of a health topic belongs to the:
(A) Cognitive domain
(B) Affective domain
(C) Psychomotor domain
(D) Social domain

128. A key organizational task in a health education program is the mobilization of:
(A) Only financial resources.
(B) Resources, including financial, human, and material resources.
(C) Only human resources.
(D) Only political support.

129. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : The selection of communication methods should be based on the objectives of the program and the characteristics of the target audience.
Reason (R) : Using a television advertisement to teach a complex skill like CPR would be ineffective.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

130. The term 'digital health literacy' refers to the ability to:
(A) Seek, find, understand, and appraise health information from electronic sources.
(B) Repair a computer.
(C) Write computer programs for health applications.
(D) Only use mobile health apps.

131. Which of the following is a disadvantage of using mass media for health education?
(A) It can reach a large number of people quickly.
(B) It can lend credibility and legitimacy to a health issue.
(C) It is often a one-way communication with limited opportunity for feedback.
(D) It is only available in rural areas.

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132. The concept of BCC (Behavior Change Communication) differs from traditional IEC (Information, Education, Communication) by placing greater emphasis on:
(A) Providing only general information through one-way channels.
(B) Utilizing mass media as the sole method of instruction.
(C) A top-down, one-way administrative communication flow.
(D) Understanding and influencing the determinants of behavior.

133. Which of the following is a critical legal issue related to Electronic Health Records (EHRs)?

114. Match List I with List II regarding health education approaches.
List I (Health Education Approach):
P. Regulatory
Q. Service
R. Educational
S. Primary Health Care
List II (Example Action):
1. Conducting a health awareness class.
2. Mandatory vaccination for school entry.
3. Community participation in health planning.
4. Providing free iron tablets at an antenatal clinic.
Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-4, R-1, S-3
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

115. A key component of the organization of a large-scale health education program is:
(A) Ensuring only one person knows the plan.
(B) Using only one method of communication.
(C) Coordination among various sectors like health, education, and media.
(D) Avoiding any feedback from the community.

116. Which of the following represents a potential negative role of media in health?
(A) Disseminating accurate information during an epidemic.
(B) Promoting dialogue about mental health stigma.
(C) Announcing the schedule for a free vaccination camp.
(D) Sensationalizing a new disease, leading to widespread panic and anxiety.

117. The use of SMS (Short Message Service) to send medication reminders is a specific application of:
(A) E-Health
(B) E-commerce
(C) m-Health
(D) E-governance

118. Which statement best distinguishes between 'planning' and 'management' of a health education program?
(A) Management is after the program, while planning is done before.
(B) Planning is what to do and why, while management is how to do it.
(C) Planning involves only financial aspects, while management involves only human resources.
(D) There is no difference; the terms are synonymous.

119. A major challenge in evaluating the impact of mass media health education campaigns is:
(A) It is impossible to measure their reach.
(B) They are always too expensive to evaluate.
(C) Media campaigns are never effective.
(D) It is difficult to attribute behavior change solely to the media campaign.

120. Which of the following is NOT a mode of communication?
(A) Motivational
(B) Verbal
(C) Non-verbal
(D) Visual

121. The principle of 'Participation' in health education emphasizes that:
(A) The health educator should do all the talking.
(B) Only community leaders should be consulted.
(C) The target audience should be involved in all stages of the program.
(D) The program should be planned in isolation.

122. Arrange the following communication contexts in order of increasing complexity and number of people typically involved.
1. Mass communication
2. Interpersonal communication
3. Group communication
(A) 1, 3, 2
(B) 2, 3, 1
(C) 3, 2, 1
(D) 2, 1, 3

123. The legal requirement for health apps to clearly state how user data will be collected, used, and stored relates to the principle of:
(A) App performance
(B) User interface design
(C) App monetization

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(D) The construction of new hospitals and clinics.

105. Read the following statements regarding the impact of modern health technologies:
Statement I : E-Health and m-Health technologies have the potential to reduce healthcare costs and improve access.
Statement II : The initial setup cost and the need for maintenance and training are significant challenges for their implementation.
Which of the following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

106. The process of checking whether a health education program's activities are being carried out as planned is known as:
(A) Monitoring
(B) Evaluation
(C) Needs Assessment
(D) Goal Setting

107. Which of the following statements about communication barriers is incorrect?
(A) Psychological barriers include emotional states like fear and anger.
(B) Physical barriers can be environmental, such as a noisy room.
(C) Semantic barriers relate to the meaning of words and symbols.
(D) Barriers to communication cannot be overcome with careful planning.

108. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : Health education is more than just providing information.
Reason (R) : It must also address the motivation, skills, and environmental factors that influence behavior.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

109. Which of the following would be the most appropriate media to provide detailed, complex health information that the user can refer to multiple times?
(A) A 30-second radio spot.
(B) A television jingle.
(C) A printed booklet or a well-structured website.
(D) A billboard on a highway.

110. The concept that health education should be tailored to the specific culture, language, and education level of the target audience is known as:
(A) The service approach
(B) The regulatory approach
(C) Program evaluation
(D) Audience segmentation and targeting

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111. Consider the following statements regarding e-medicine:
a. It can improve access to specialist care for people in rural areas.
b. It is completely risk-free and has no legal implications.
c. It requires a reliable technological infrastructure.
d. It can only be used for diagnosis, not for monitoring chronic diseases.
Which of the above statement(s) is/are correct?
(A) a and c only
(B) b and d only
(C) a, c, and d only
(D) a, b, c and d

112. The final step in the planning cycle for a health education program is:
(A) Needs assessment
(B) Evaluation
(C) Implementation
(D) Setting objectives

113. A doctor explains a procedure to a patient using simple analogies and drawings. This is an example of effective:
(A) Mass communication using print media.
(B) Two-way communication overcoming a semantic barrier.
(C) One-way communication with a physical barrier.
(D) Organizational communication.

(A) The color scheme of the EHR interface.
(B) The server location of the EHR data.
(C) Ensuring data confidentiality, security, and preventing unauthorized access.
(D) The brand of the computers used to access the EHR.

134. In program planning, setting a 'goal' is different from setting an 'objective' in that a goal is:
(A) More specific and measurable than an objective.
(B) A broad, long-term statement of desired outcome, while objectives are specific steps to achieve it.
(C) Always short-term and immediate.
(D) Only related to the budget of the program.

135. Match List I with List II regarding learning concepts.
List I (Activity):
P. A doctor showing a patient how to use an inhaler.
Q. A person developing a positive feeling towards regular exercise after a talk.
R. A person learning the calorie count of different foods.
S. A law making helmets mandatory for two-wheelers.
List II (Concept/Domain):
1. Cognitive Objective
2. Regulatory Approach
3. Psychomotor Objective
4. Affective Objective
Codes:
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-3, R-1, S-4

136. The primary purpose of using visual aids like posters and flip charts in health education is to:
(A) Reinforce verbal messages and help overcome literacy barriers.
(B) Replace the need for a facilitator.
(C) Make the information more complex.
(D) Ensure the session lasts for a long time.

137. Which of the following is an example of an organizational barrier to communication within a hospital?
(A) A patient's hearing impairment.
(B) A doctor using technical jargon with a patient.
(C) A complex and unclear reporting structure, causing delays in information flow.
(D) A noisy waiting area.

138. The "service approach" to health education is most likely to be effective when:
(A) The service is of high quality and is provided respectfully.
(B) The service is provided without any explanation or education.
(C) The service is inaccessible and expensive.
(D) The service is mandated by law.

139. Read the following statements regarding m-Health potential:
Statement I : m-Health interventions are only useful for high-income countries.
Statement II : m-Health has shown great potential in low- and middle-income countries for tasks like data collection, health worker communication, and patient reminders.
Which of the following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

140. Which of the following is a primary role of media in health education?
(A) To provide direct clinical treatment.
(B) To disseminate information and create awareness.
(C) To manufacture and distribute medicines.
(D) To build and manage hospitals.

141. The first step in planning any health education program should be:
(A) Selecting the media.
(B) Preparing the budget.
(C) Conducting a needs assessment.
(D) Evaluating the outcome.

142. A nurse patiently listens to a patient's concerns, paraphrasing them to ensure understanding. This is an example of:
(A) Passive listening and a communication barrier.
(B) One-way communication.
(C) Mass communication.

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(D) Active listening and effective communication.

143. Which of the following is NOT a legal or ethical issue associated with e-medicine?
(A) The speed of the physician's internet connection
(B) Informed consent
(C) Data privacy and security
(D) Physician licensure across state lines

144. A health program that aims to "reduce the incidence of malaria in District X by 50% over the next 3 years" has stated a:
(A) Vague intention
(B) Program Goal
(C) Daily activity
(D) Personal opinion

145. Consider the following statements about health education approaches:
a. The educational approach empowers individuals to make informed choices.
b. The regulatory approach uses legislation to enforce health behaviors.
c. The service approach provides health services as an avenue for education.
d. All three approaches are mutually exclusive and can never be used together.
Which of the above statement(s) is/are correct?
(A) a and c only
(B) a, b, and c only
(C) b and d only
(D) a, b, c, and d

146. A patient downloads a mobile app that provides personalized diet and exercise plans based on their entered data. This is an application of:
(A) m-Health
(B) Telekinesis
(C) Traditional folk media
(D) Print media

147. A key principle for the successful organization of a health education program is:
(A) Centralization of all decision-making without field input.
(B) A strict refusal to collaborate with other organizations.
(C) Flexibility to adapt the plan based on monitoring and feedback.
(D) Focusing only on one single health issue forever.

148. A television advertisement showing a celebrity promoting a healthy lifestyle is attempting to use which principle of communication?
(A) Information overload
(B) Semantic noise
(C) Physical barrier
(D) Source credibility and attractiveness

149. The process of gathering information about a program's outcomes to judge its worth or merit is called:
(A) Monitoring
(B) Planning
(C) Evaluation
(D) Implementation

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150. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : Interpersonal communication, like counseling, is highly effective for changing complex health behaviors.
Reason (R) : It allows for two-way interaction, clarification of doubts, and tailoring the message to the individual's specific needs and concerns.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

151. Which of the following would NOT be considered a part of e-Health?
(A) Electronic Health Records (EHR)
(B) Telemedicine consultations
(C) A hospital information system (HIS)
(D) A traditional paper-based patient file

152. The "Primary Health Care approach" to health education emphasizes:
(A) Community participation and inter-sectoral coordination.
(B) High-tech, hospital-based interventions.
(C) A top-down, professionally-led model.
(D) The use of laws and regulations only.

153. A message being misinterpreted because the sender and receiver attach different meanings to the same word is a:
(A) Physical barrier
(B) Psychological barrier
(C) Semantic barrier
(D) Channel barrier

154. Arrange the steps of the communication process in the correct order.
1. Decoding by receiver
2. Encoding by sender
3. Message transmission through a channel
4. Feedback from receiver

(A) 2, 3, 1, 4
(B) 1, 2, 3, 4
(C) 2, 1, 3, 4
(D) 3, 2, 1, 4

155. The main objective of the management component of a health education program is to:
(A) Create the initial plan.
(B) Only conduct the final evaluation.
(C) Secure the initial funding.
(D) Translate the plan into action.

156. The use of folk theatre or puppet shows to convey health messages is an example of using:
(A) New media
(B) Traditional or folk media
(C) Broadcast media
(D) Print media

157. Read the following statements regarding the role of e-medicine:
Statement I : E-medicine can completely replace the need for in-person doctor visits in all situations.
Statement II : E-medicine is a valuable tool for follow-up care, chronic disease management, and consultations where a physical exam is not essential.
Which of the following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

158. Which of the following is a key advantage of distance education for health?
(A) It eliminates the need for any practical training.
(B) It is always cheaper than traditional education.
(C) It ensures all students learn at the same pace.
(D) It can reach a large, geographically dispersed audience.

159. Consider the following scenarios:
a. A public health campaign about handwashing on TV.
b. A doctor-patient consultation via video call.
c. An online course for nurses on new treatment protocols.
d. A government website providing health statistics.
e. A law requiring food manufacturers to list ingredients.

Which of the above demonstrates the role of media in Health Education?
(A) a and d only
(B) b and c only
(C) a, c, and d only
(D) All a, b, c, d, and e

160. Which of the following is a cognitive objective for a health education session on nutrition?
(A) The participant will enjoy eating healthy food.
(B) The participant will be able to list three examples of protein-rich foods.
(C) The participant will demonstrate how to prepare a balanced meal.
(D) The participant will feel motivated to change their diet.

161. A communication barrier caused by a receiver's pre-existing biases or stereotypes is best classified as:
(A) Physical
(B) Psychological
(C) Semantic
(D) Organizational

162. Match List I with List II regarding health communication terms.
List I (Term):
P. E-medicine
Q. m-Health
R. Health Education Objective
S. Communication Barrier

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List II (Example/Concept):
1. Semantic Noise
2. Affective Domain
3. Tele-consultation
4. SMS reminder for medication

Codes:
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-4, Q-3, R-1, S-2

163. In the context of a health education program, 'sustainability' refers to:
(A) The program being very short in duration.
(B) The program being funded by foreign agencies only.
(C) The ability of the community to continue the health-promoting activities after external support is withdrawn.
(D) The program being managed by a single individual.

164. The primary legal risk associated with distance education in health that involves certification is:
(A) The cost of the course.
(B) The number of students in a virtual classroom.
(C) The visual design of the certificate.
(D) The credibility and accreditation of the institution providing the education.

165. When media outlets decide to prominently cover the issue of rising air pollution and its health effects, they are performing which function?
(A) Direct treatment
(B) E-commerce
(C) Agenda-setting
(D) Legal regulation

166. A program manager reviewing weekly reports from field staff to check progress against targets is an act of:
(A) Needs Assessment
(B) Monitoring
(C) Final Evaluation
(D) Initial Planning

167. Which communication method is most suitable for in-depth exploration of sensitive or personal health issues?
(A) A television advertisement
(B) A public lecture
(C) A newspaper article
(D) One-on-one counseling

168. The following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : E-Health initiatives must be designed with the end-user in mind to be successful.
Reason (R) : A complex, non-intuitive user interface can be a major barrier to the adoption of E-Health technology, regardless of its potential benefits.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

169. What is the fundamental concept behind Behavior Change Communication (BCC)?
(A) That providing basic health information alone is sufficient to change long-term public behavior.
(B) That communication should function as a one-way, top-down transfer of technical knowledge.
(C) That a strategic, dialogue-based approach is needed to foster and sustain behavior change.
(D) That behavior change can only be effectively achieved through legislative laws and fines.

170. Which of these is a key benefit of using Electronic Health Records (EHRs)?
(A) It can improve care coordination by providing a comprehensive, shareable patient history.
(B) It makes patient information less accessible to authorized providers.
(C) It increases the risk of medication errors.
(D) It is a completely paper-based system.

171. The use of fear appeals in health education messages (e.g., graphic images on cigarette packs) is most effective when:
(A) The message only induces fear without providing a solution.
(B) The fear level is extremely high, causing the

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audience to reject the message.
(C) The audience has no way of avoiding the threat.
(D) The message also provides information on how to perform the recommended response (e.g., a quit-line number).

172. Which of the following is NOT a method of health communication?
(A) Group Discussion
(B) Surgical Operation
(C) Role Playing
(D) Lecture

173. The principle that health education should build upon what the audience already knows and believes is the principle of:
(A) Credibility
(B) Interest
(C) Known to Unknown
(D) Participation

174. Which of the following best describes the scope of E-Health?
(A) It is strictly limited to regulated online pharmacies and medicine sales.
(B) It is limited to mobile health applications available on smartphone platforms.
(C) It refers only to the use of professional email between clinical doctors.
(D) It encompasses ICT uses including telemedicine, EHRs, m-Health, and health analytics.

175. Consider the following statements about health education program management:
a. Planning a health education program involves setting objectives.
b. Management of a health education program involves implementing the plan.
c. Organization of a health education program involves structuring the team and resources.
d. Evaluation is a separate activity that is not part of the program cycle.
e. Needs assessment is the first step in planning.
Which of the above statement(s) is/are correct?
(A) a, b, and d only
(B) c, d, and e only
(C) a, b, c, and e only
(D) All a, b, c, d, and e

176. Which of the following is a significant legal implication of providing health education through social media?
(A) The number of 'likes' a post receives.
(B) The responsibility to provide accurate information and avoid giving specific medical advice to individuals.
(C) The time of day the post is made.
(D) The character limit of the social media platform.

177. A communication model that includes a sender, a message, a channel, a receiver, and feedback is describing:
(A) A barrier to communication.
(B) The process of communication.
(C) A mode of communication.
(D) An approach to health education.

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178. The primary objective of health education is to:
(A) Help people achieve health by their own actions and efforts.
(B) Force people to be healthy.
(C) Sell health products.
(D) Build more hospitals.

179. A major barrier to the adoption of e-medicine by older patients may be:
(A) Their lack of health problems.
(B) Their preference for more expensive care.
(C) Their lack of familiarity or comfort with technology (technophobia).
(D) Their resistance to any form of medical treatment.

180. The most important factor in selecting the methods and media for a health education program is the:
(A) Personal preference of the health educator.
(B) Cost of the method, with the cheapest always being best.
(C) Availability of a celebrity to endorse the message.
(D) Target audience, message content, and program objectives.

181. Read the following statements regarding health program organization:
Statement I : Organization of a health education program is a one-time activity completed before the program begins.

Statement II : Effective organization requires ongoing coordination, communication, and adaptation throughout the program's lifecycle.
Which of the following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

182. Which of the following is an example of an 'affective' objective in health education?
(A) The learner will be able to list the five main food groups.
(B) The learner will appreciate the importance of a balanced diet for long-term health.
(C) The learner will demonstrate the proper technique for brushing teeth.
(D) The learner will know the opening hours of the local clinic.

183. Which of the following is a physical barrier to communication?
(A) Lack of interest
(B) Emotional distress
(C) Use of ambiguous words
(D) Poor acoustics in a room

184. In the management of a health education program, what is the role of a timeline or a Gantt chart?
(A) To visually represent the schedule of tasks and track progress over time.
(B) To list the names of all participants.
(C) To calculate the final statistical impact of the program.
(D) To serve as a legal contract.

185. Match List I with List II regarding digital health technologies.
List I (Technology):
P. EHR (Electronic Health Record)
Q. Tele-dermatology
R. SMS reminder
S. Online Course for Health Professionals
List II (Application Area):
1. m-Health
2. Distance Education
3. E-medicine
4. E-Health (data management)
Codes:
(A) P-4, Q-3, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-4, Q-1, R-2, S-3
(D) P-2, Q-3, R-4, S-1

186. The concept of "empowerment" in health education means:
(A) Providing individuals and communities with the knowledge and skills to take control of their own health.
(B) Giving people information without the skills to use it.
(C) Making all health decisions for the community.
(D) Focusing only on high-income groups.

187. Which one of the following is NOT a mode of communication?
(A) Written
(B) Verbal
(C) Visual
(D) Evaluation

188. A law that mandates the iodization of salt to prevent iodine deficiency disorders is an example of the:
(A) Service approach
(B) Regulatory approach
(C) Educational approach
(D) Participatory approach

189. Which of the following is a major advantage of using e-Health technologies in managing large-scale health crises, like a pandemic?
(A) They guarantee a cure for the disease.
(B) They eliminate the need for healthcare workers entirely.
(C) They can facilitate rapid data collection, surveillance, and information dissemination.
(D) They only work in countries with small populations.

190. THE following question consists of two statements: Assertion (A) and Reason (R). Choose the correct option:
Assertion (A) : THE planning for a health education program must include a budget.
Reason (R) : Without a clear budget, it is impossible to allocate resources effectively and ensure THE planned activities are feasible.
(A) Both A and R are true and R is the correct

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explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

191. When a health educator uses local proverbs and stories to explain a health concept, they are primarily trying to:
(A) Ensure cultural relevance and overcome socio-cultural barriers.
(B) Make THE message more complex.
(C) Use a mass media channel.
(D) Test THE audience's knowledge.

192. Which of THE following is THE most significant ethical obligation when conducting health education via mass media?
(A) Ensuring that THE general entertainment value of THE media content is high.
(B) Ensuring information is accurate, evidence-based, and not misleading.
(C) Promoting THE primary financial sponsors of THE education program.
(D) Utilizing THE most famous celebrity available to endorse THE health message.

193. THE term IEC is often expanded to IECC or IEC/BCC to emphasize THE importance of:
(A) Costs
(B) Behavior Change
(C) Commerce
(D) Channels

194. Which of THE following statements about m-Health is incorrect?
(A) It is only useful for entertainment, not for serious health applications.
(B) It uses mobile devices like phones and tablets.
(C) It can be used for health surveys and data collection.
(D) It is a subset of THE broader field of e-Health.

195. Consider THE following communication methods:
a. Individual counseling
b. Group discussion
c. Role-playing
d. Mass media advertisement
e. Public lecture
Which of these methods allow for immediate, two-way feedback?
(A) d and e only
(B) a, b, and c only
(C) a, d, and e only
(D) All a, b, c, d, and e

196. Which step of program planning involves identifying THE 'who, what, when, and where' of a health problem?
(A) Evaluation
(B) Implementation
(C) Budgeting
(D) Needs Assessment (Epidemiological assessment)

197. THE concept of a patient being able to access and manage their own health information online through a 'patient portal' is an aspect of:
(A) Regulatory approach
(B) Traditional media
(C) E-Health
(D) Folk media

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198. A key challenge of distance education for clinical skills is:
(A) THE inability to deliver theoretical knowledge.
(B) THE difficulty in providing and assessing hands-on, practical experience.
(C) THE lack of available online content.
(D) THE refusal of students to participate.

199. A health message has a higher chance of being accepted if THE source is perceived as being:
(A) Untrustworthy and biased.
(B) Unknown and anonymous.
(C) Complicated and confusing.
(D) Credible, expert, and trustworthy.

200. THE ultimate goal of most health education programs is:
(A) To achieve a positive and sustained change in health behavior.
(B) To spend THE entire budget.
(C) To create beautiful posters and pamphlets.
(D) To conduct academic research for publication only.

(D) THE mother will feel confident in her ability to care for her child.

242. In health communication, THE term 'channel' refers to:
(A) THE medium through which THE message is transmitted.
(B) THE person sending THE message.
(C) THE person receiving THE message.
(D) THE feedback sent by THE receiver.

243. What is a primary objective of IEC in public health programs?
(A) To conduct research on new diseases.
(B) To build and maintain health infrastructure.
(C) To create demand for and utilization of health services.
(D) To regulate THE pharmaceutical industry.

244. THE use of an electronic system to alert a physician about a potential drug interaction for a patient's prescription is a feature of:
(A) Distance Education
(B) Health journalism
(C) Traditional media
(D) Clinical Decision Support Systems within E-Health

245. A primary advantage of using mass media for health education is its ability to:
(A) Provide personalized, in-depth counseling.
(B) Guarantee immediate behavior change.
(C) Reach a large, anonymous audience simultaneously.
(D) Teach complex manual skills effectively.

246. Which of THE following statements about planning health education programs is correct?
(A) Planning is a static, one-time event.
(B) A good plan is based on THE needs of THE community and specifies clear, measurable objectives.
(C) Evaluation is an unnecessary component of planning.
(D) Community participation should be avoided during THE planning process.

247. THE confidentiality of patient information is a major legal and ethical issue in:
(A) Regulatory approach
(B) Group discussions
(C) Public lectures
(D) E-medicine and E-Health

248. A health worker shows a group of women a video on breast self-examination and then facilitates a discussion about their concerns and questions. This approach combines:
(A) Mass media with group communication.
(B) Only individual counseling.
(C) Only THE regulatory approach.
(D) Only print media.

249. THE 'C' in IEC stands for:
(A) Compliance
(B) Community
(C) Communication
(D) Correction

250. Which of THE following is THE best example of 'm-Health'?
(A) Using a smartphone app to track medication adherence.
(B) Reading a health article in a newspaper.
(C) Watching a health show on television.
(D) Attending a health lecture in a community hall.

Direction : Please read the following source carefully.

Health education is a fundamental component of public health, functioning as a composite of learning experiences designed to help individuals and communities improve their health by increasing their knowledge and influencing their attitudes. The core concept rests on the principle that informed individuals are better equipped to make choices conducive to their well-being and that of their community. The primary objective is not merely the dissemination of information but the fostering of motivation, skills, and confidence required to take health-improving actions. This involves moving beyond passive information reception to active engagement and empowerment. Key objectives include encouraging the voluntary adoption of healthy behaviours, promoting the wise use of available health services, and facilitating individual and community-level actions to improve health states and environmental conditions. Ultimately, health education aims to bridge the gap between health information and health practices, viewing

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211. THE "A" in THE cognitive, affective, and psychomotor domains of learning refers to:
(A) Attitude
(B) Action
(C) Affective
(D) Awareness

212. Which of THE following is a significant barrier to using m-Health apps?
(A) All apps are free and have no business model.
(B) THE lack of any health-related apps in app stores.
(C) THE requirement for users to be medical doctors.
(D) Concerns about data privacy and how personal health information is used.

213. Match List I with List II regarding communication methods.
List I (Communication Method):
P. Individual
Q. Group
R. Mass
S. Traditional
List II (Example):
1. Radio Spot
2. Counseling
3. Street Play
4. Workshop
Codes:
(A) P-1, Q-3, R-2, S-4
(B) P-2, Q-4, R-1, S-3
(C) P-2, Q-1, R-4, S-3
(D) P-3, Q-4, R-1, S-2

214. THE credibility of a health education message can be negatively affected by:
(A) THE use of clear and simple language.
(B) THE message being sponsored by a company with a vested interest (e.g., a tobacco company sponsoring a "healthy living" campaign).
(C) THE endorsement by a respected health professional.
(D) THE message being consistent with scientific evidence.

215. What is THE most crucial legal consideration before a physician engages in e-medicine with a patient?
(A) Verifying THE patient's age.
(B) Checking THE patient's social media profile.
(C) Ensuring THE patient has a fast internet connection.
(D) Obtaining and documenting informed consent.

216. Which of THE following is a key aspect of "organizing" a health education program?
(A) Establishing a clear structure of roles and responsibilities for THE implementation team.
(B) Writing THE final report.
(C) Conducting THE initial survey.
(D) Only setting THE main goal.

217. Which of THE following correctly pairs a barrier of communication with its type?
(A) A noisy fan - Semantic barrier
(B) A health worker's lack of empathy - Physical barrier
(C) THE use of unfamiliar medical jargon - Semantic barrier
(D) Cultural belief that illness is a curse - Physical barrier

218. Consider THE following statements about media's role in health education:
a. Media can help in reducing stigma associated with certain diseases like HIV/AIDS.
b. Misinformation or "fake news" about health can spread rapidly through social media.
c. Entertainment-education (e.g., a TV soap opera with a health storyline) can be an effective strategy.
d. Media has no influence on THE health behaviors of children and adolescents.
Which of THE above statement(s) is/are correct?
(A) a and d only
(B) b and c only
(C) a, b, and c only
(D) a, b, c, and d

219. THE "P" in THE psychomotor domain of learning objectives relates to:
(A) Perception
(B) Participation
(C) Planning
(D) Practice (Physical skills)

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five questions.

256. Which health education approach is founded on the principle of respecting individual autonomy by providing information for voluntary action?
(A) The regulatory approach
(B) The educational approach
(C) The service approach
(D) The community development approach

257. A government's decision to implement a law requiring all food manufacturers to display detailed nutritional information on their products is an example of which approach?
(A) The service approach
(B) The educational approach
(C) The personal choice approach
(D) The regulatory approach

258. According to the passage, what is a potential limitation of the regulatory approach?
(A) It can be perceived as an infringement upon personal freedoms.
(B) It is generally ineffective in achieving widespread compliance.
(C) It relies too heavily on the voluntary cooperation of individuals.
(D) It is only applicable to providing convenient health services.

259. Setting up a network of mobile clinics to offer free health check-ups in rural areas best exemplifies which of the following?
(A) The coercive approach
(B) The educational approach
(C) The service approach
(D) The community development approach

260. What can be inferred from the passage about designing an effective health promotion strategy?
(A) A blended strategy combining multiple approaches is often most effective.
(B) Relying on a single approach is the most efficient method.
(C) The community development approach is superior to all others.
(D) The regulatory approach should always be the first choice for rapid results.

Direction : Please read the following source carefully.

Effective communication in health education is contingent upon the careful selection of appropriate methods and modes. Communication methods can be broadly categorized based on the number of people reached, such as individual, group, and mass methods. Individual methods, like counseling and interviews, allow for personalized dialogue and immediate feedback, making them highly effective for sensitive topics but resource-intensive. Group methods, including lectures, demonstrations, and group discussions, facilitate peer learning and social support but may not cater to all individual needs. Mass methods, utilizing media like television and newspapers, can reach vast audiences quickly but are typically one-way and offer little opportunity for clarification. The modes of communication refer to the channels through which the message is conveyed. Verbal communication encompasses spoken and written words, while non-verbal communication includes body language, gestures, and facial expressions, which can often convey more meaning than words alone. Visual modes, such as charts, posters, and models, are powerful tools for simplifying complex information and overcoming literacy barriers. A skillful health educator judiciously combines these methods and modes, understanding that the synergy between them—for example, a group discussion (method) enhanced by visual aids (mode)—can significantly amplify the message's impact and retention.

Based on the above source, attempt the following five questions.

261. According to the passage, what is a primary advantage of individual communication methods like counseling?
(A) They are the most cost-effective way to reach large populations.
(B) They eliminate the need for any non-verbal communication.
(C) They promote peer learning and social reinforcement among participants.
(D) They allow for personalized interaction and addressing sensitive issues.

262. The use of television commercials to promote a national vaccination campaign is an example of which communication method?
(A) An individual method
(B) A mass method

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b. Low digital literacy among THE elderly.
c. High cost of smartphones.
d. Poorly designed app interface.
e. Concerns about data privacy.

Which of THE above are significant barriers to THE adoption of m-Health?
(A) a and b only
(B) c and d only
(C) a, b, c, and d only
(D) All a, b, c, d, and e

232. A doctor in Mumbai reviewing THE X-ray of a patient from a rural clinic in Bihar, sent electronically, is an example of:
(A) Tele-radiology, a form of telemedicine
(B) m-Health
(C) Distance education
(D) Health journalism

233. THE 'K' in KAP studies, often used in health education planning, stands for:
(A) Kinesthetics
(B) Kindness
(C) Knowledge
(D) Keynote

234. In THE context of health education, 'media advocacy' refers to:
(A) THE strategic use of media to advance a social or policy initiative related to health.
(B) Placing advertisements for health products in THE media.
(C) Criticizing all media content.
(D) Providing entertainment through media.

235. THE statement, "To reduce malnutrition among children under five in THE district," is an example of a:
(A) Specific Objective
(B) Daily Task
(C) Evaluation metric
(D) Program Goal

236. THE most significant difference between one-way and two-way communication is THE presence of:
(A) A message
(B) Immediate feedback and interaction
(C) A channel
(D) A receiver

237. A key challenge for distance education programs that aim to certify health professionals is ensuring:
(A) THE course is easy to pass.
(B) THE course has many videos.
(C) THE integrity of assessments and preventing cheating in an online environment.
(D) THE course is available in multiple languages.

238. THE following question consists of two statements: Assertion (A) and Reason (R). Choose THE correct option:
Assertion (A) : A single communication method is usually not enough for a comprehensive health education program.
Reason (R) : A combination of mass media for awareness, group methods for reinforcement, and individual counseling for intensive support is often most effective.
(A) Both A and R are true and R is THE correct explanation of A.
(B) Both A and R are true but R is not THE correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

239. THE successful 'organization' of a health education program depends heavily on:
(A) Effective leadership and coordination.
(B) Having a large budget, regardless of how it is spent.
(C) Avoiding community participation.
(D) Using only one communication channel.

240. THE 'digital divide' refers to THE gap between:
(A) Doctors and nurses.
(B) Those with and without access to modern information and communication technology.
(C) Public and private hospitals.
(D) Knowledge and behavior.

241. Which of THE following is an example of a psychomotor objective?
(A) Importance of vaccination.
(B) THE mother will demonstrate how to correctly prepare Oral Rehydration Solution (ORS).
(C) THE mother will be able to name three vaccine-preventable diseases.

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201. Which of THE following is a limitation of THE individual (one-to-one) method of health education?
(A) It is not very effective for behavior change.
(B) It is not personal and cannot be tailored.
(C) It has limited reach and is time-consuming per person.
(D) It does not allow for questions or feedback.

202. Read THE following statements regarding health program implementation:
Statement I : THE management of a health education program ends once THE implementation begins.
Statement II : Management is an ongoing process that includes supervision, monitoring, and problem-solving throughout THE program's implementation.
Which of THE following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

203. Which of THE following statements correctly identifies THE relationship between E-Health and m-Health?
(A) E-Health is a subset of m-Health.
(B) Separate and unrelated fields.
(C) Hardware vs software.
(D) m-Health is a subset of E-Health.

204. "Information overload," where a person is given too much information to absorb at once, is what type of communication barrier?
(A) Physical
(B) Psychological
(C) Semantic
(D) Socio-cultural

205. THE process of breaking down a large target population into smaller, more homogeneous subgroups for a health education program is called:
(A) Program evaluation
(B) Budget allocation
(C) Audience segmentation
(D) Media planning

206. Arrange THE following events in a logical sequence for a tele-consultation.
1. Doctor provides a diagnosis and e-prescription.
2. Patient initiates a video call through a secure platform.
3. Doctor and patient discuss symptoms and history.
4. Patient provides informed consent for THE tele-consultation.
(A) 4, 2, 3, 1
(B) 2, 4, 3, 1
(C) 1, 2, 3, 4
(D) 3, 1, 4, 2

207. Which of THE following is NOT a concept of health education?
(A) It involves compulsion and force.
(B) It is a process of learning.
(C) It aims for voluntary behavior change.
(D) It is a means to empower individuals.

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208. A key organizational challenge in implementing a national health education program is:
(A) Choosing a single color for all program materials.
(B) Ensuring consistent messaging across different regions and partners.
(C) Limiting THE program to one day.
(D) Avoiding any form of evaluation.

209. THE following question consists of two statements: Assertion (A) and Reason (R). Choose THE correct option:
Assertion (A) : Community participation is a key principle of effective health education.
Reason (R) : Programs designed with community input are more likely to be culturally appropriate, accepted, and sustainable.
(A) Both A and R are true and R is THE correct explanation of A.
(B) Both A and R are true but R is not THE correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

210. Which one of THE following is a mass communication method?
(A) Television documentary
(B) Counseling
(C) Demonstration
(D) Focus group discussion

health as a valuable community asset. It operates on the premise that lasting change is rooted in understanding and personal conviction rather than coercion, thereby promoting self-reliance and responsible health citizenship. This process is continuous and dynamic, adapting to the evolving health needs and socio-cultural contexts of the population it serves.

Based on the above source, attempt the following five questions.

251. According to the passage, what is the ultimate aim of health education?
(A) To mandate the use of all available health services by the community.
(B) To close the divide between possessing health information and applying it in practice.
(C) To exclusively focus on increasing the volume of health-related knowledge.
(D) To prioritize environmental improvements over individual behavioural changes.

252. Which of the following is described as a core principle of health education in the source?
(A) Lasting behavioural change is founded on personal understanding and conviction.
(B) Health-related changes should primarily be driven by regulatory enforcement.
(C) The primary goal is to ensure communities are dependent on external health experts.
(D) Information dissemination is the final and most important step in the process.

253. The passage suggests that health education is a "composite of learning experiences." What does this imply?
(A) The process involves a single, standardized educational lecture for all individuals.
(B) The process relies solely on written materials and information pamphlets.
(C) The process integrates a variety of methods to influence knowledge and attitudes.
(D) The process is limited to formal classroom settings within academic institutions.

254. Based on the source, which of the following best describes the role of an individual in the health education process?
(A) A passive recipient of predetermined health instructions.
(B) A subject for community-level health experiments.
(C) A competitor for scarce community health resources.
(D) An active participant who is empowered to make informed choices.

255. What can be inferred about the nature of health education from the passage?
(A) It is a static process with a fixed curriculum.
(B) It is a short-term intervention focused on immediate results.
(C) It is an adaptable process that responds to changing community needs.
(D) It is a theoretical discipline with little practical application.

Direction : Please read the following source carefully.

The approaches to health education are diverse, reflecting different philosophies about how to best achieve public health goals. A primary strategy is the educational approach, which operates on the assumption that providing knowledge and ensuring understanding will lead to voluntary changes in behaviour. This approach respects individual autonomy and freedom of choice. In contrast, the regulatory approach, sometimes called the coercive approach, seeks to promote health by imposing laws, policies, and regulations, such as mandatory seatbelt use or smoking bans in public places. While effective in achieving widespread compliance, it can be seen as infringing on individual liberties. Another distinct strategy is the service approach, which aims to make health-promoting services readily available and accessible, operating on the principle that people will utilize them if they are convenient. Examples include providing free vaccination clinics or accessible water purification systems. Furthermore, a more comprehensive approach involves community development, where health educators work with communities to identify their own health needs and collectively develop solutions, fostering empowerment and long-term sustainability. Each approach has its merits and limitations, and effective health promotion often involves a strategic combination of these approaches, tailored to the specific health issue and the target population's context.

Based on the above source, attempt the following

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220. THE primary aim of health education is to:
(A) Distribute medicines
(B) Promote, maintain, and restore health through educational activities
(C) Punish people for unhealthy behavior
(D) Perform surgery

221. Which of THE following is NOT a method for group communication in health education?
(A) Lecture
(B) Symposium
(C) Individual counseling
(D) Role-playing

222. THE term that encompasses THE use of information and communication technologies (ICT) for health is:
(A) Health 2.0
(B) WebMD
(C) Health-Tech
(D) E-Health

223. What is THE role of 'feedback' in THE communication process?
(A) It allows THE sender to gauge THE receiver's understanding.
(B) It is THE initial message sent.
(C) It is a form of physical noise.
(D) It is not necessary for effective communication.

224. A well-formulated objective for a health education program should be 'SMART'. What does 'M' in SMART stand for?
(A) Motivational
(B) Measurable
(C) Meaningful
(D) Media-based

225. A significant legal concern in telemedicine that spans across national borders is:
(A) THE time zone differences.
(B) Differences in medical malpractice laws and physician licensure.
(C) Language barriers.
(D) THE cost of international data transfer.

226. Read THE following statements regarding THE teaching of skills in health education:
Statement I : Mass media is THE most effective method for teaching complex practical skills.
Statement II : Methods like demonstration and supervised practice are better suited for teaching practical skills.
Which of THE following options is correct?
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true, but Statement II is false.
(D) Statement I is false, but Statement II is true.

227. A health educator chooses to use a puppet show to teach dental hygiene to young children. This choice reflects an understanding of:
(A) THE need for a regulatory approach.
(B) THE requirements of e-medicine.
(C) THE importance of selecting a method appropriate for THE target audience.
(D) THE need for mass media only.

228. Which of THE following best describes Behavior Change Communication (BCC)?
(A) A top-down approach to giving authoritative orders.
(B) THE use of advertising to sell specific health products.
(C) Providing only technical information through lectures.
(D) A process to promote and sustain behavior change.

229. Which of THE following is a component of 'm-Health'?
(A) A printed medical textbook.
(B) A health information segment on a television news channel.
(C) A mobile app for monitoring blood glucose levels.
(D) A paper-based patient record file.

230. THE principle of 'Interest' in health education suggests that:
(A) THE health educator should only talk about what interests them.
(B) People will not learn if THE topic is not related to their interests and needs.
(C) THE program should be financially profitable.
(D) THE program should be mandatory for everyone.

231. Consider THE following factors:
a. Lack of internet access in a remote village.

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(C) A group method
(D) A hybrid method

263. What does the term "modes of communication" refer to in the context of the passage?
(A) The number of people being addressed.
(B) The specific content of the health message.
(C) The channels used to transmit the message.
(D) The location where communication takes place.

264. The passage suggests that using charts and models is particularly effective for which purpose?
(A) Fostering in-depth group discussion on complex theories.
(B) Reaching the largest possible audience in the shortest time.
(C) Conveying emotional states through body language.
(D) Overcoming literacy challenges and simplifying information.

265. What can be inferred about the practice of a "skillful health educator" from the source?
(A) They strategically combine different methods and modes for greater impact.
(B) They exclusively rely on the most modern, technology-based modes.
(C) They prefer mass methods due to their wide reach.
(D) They prioritize verbal communication over all other modes.

Direction : Please read the following source carefully.

The efficacy of health communication is frequently undermined by various barriers that can distort, block, or alter the intended message. These barriers can be categorized for better analysis and mitigation. Physical barriers include environmental factors like noise, uncomfortable temperatures, or physical distance between the sender and receiver, which can disrupt the communication process. A more subtle yet potent category is psychological barriers, which originate within the receiver's or sender's mind. These encompass emotional states like fear or anger, preconceived notions, selective perception, and lack of interest, all of which can cause a message to be ignored or misinterpreted. Semantic barriers arise from the language and symbols used in communication. The use of technical jargon, complex sentence structures, or words with multiple meanings can lead to misunderstanding, especially when communicating with a lay audience. Finally, socio-cultural barriers stem from differences in cultural backgrounds, social norms, values, and beliefs. A message or gesture that is acceptable in one culture may be offensive in another, leading to a breakdown in trust and communication. Overcoming these barriers requires the communicator to be empathetic, clear, and culturally sensitive, actively seeking feedback to ensure the message is received as intended.

Based on a careful reading of the source, attempt the following five questions.

266. A health educator using highly technical medical terms while speaking to a village community is likely creating which type of barrier?
(A) A physical barrier
(B) A semantic barrier
(C) A psychological barrier
(D) A socio-cultural barrier

267. According to the passage, which of the following is an example of a psychological barrier?
(A) A loud construction site next to a health clinic.
(B) A patient's deep-seated fear of doctors preventing them from listening.
(C) A health pamphlet being written in an unfamiliar language.
(D) A social norm that discourages discussing certain health topics openly.

268. What does the source identify as a physical barrier to communication?
(A) The excessive distance between a speaker and the audience.
(B) The listener's lack of interest in the topic.
(C) The use of ambiguous symbols in a presentation.
(D) A cultural belief that contradicts the health message.

269. A health campaign that uses a hand gesture considered positive in one culture but offensive in the target community's culture is encountering a:
(A) Semantic barrier

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as HIPAA in the US, to prevent unauthorized access and breaches, which carry severe legal penalties.

Based on the above source, attempt the following five questions.

291. According to the passage, what does e-medicine specifically refer to?
(A) The general use of websites for health information.
(B) The online training of healthcare professionals.
(C) The practice of providing clinical services remotely.
(D) The management of electronic health records in a hospital.

292. Which legal issue is highlighted as particularly relevant to e-medicine concerning practitioners treating patients across different jurisdictions?
(A) Professional licensure
(B) Data encryption standards
(C) Assessment authenticity
(D) Curriculum development

293. As described in the source, what is a primary challenge for distance education in health?
(A) Ensuring the security of patient health information during consultations.
(B) Navigating the complexities of cross-state medical licensure.
(C) Determining liability in cases of remote surgical errors.
(D) Verifying the quality of practical skills acquisition by students.

294. The passage emphasizes that a prominent legal issue common to both e-medicine and distance education is:
(A) The regulation of robotic-assisted surgery.
(B) The protection and security of sensitive personal data.
(C) The high cost of telecommunications technology.
(D) The need for continuing professional development.

295. The term "liability in cases of misdiagnosis" in the context of e-medicine refers to the question of:
(A) how to license a doctor in multiple states.
(B) how to secure patient data from hackers.
(C) who is responsible when a remote diagnosis is incorrect.
(D) which technology is best for video consultations.

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Direction : Please read the following source carefully.

The effective organization and management of health education programs are critical for translating plans into tangible health outcomes. Organization involves creating a logical framework for the program, which includes defining the team structure, assigning clear roles and responsibilities, and establishing lines of authority and communication. A well-organized program ensures that every team member understands their specific tasks and how they contribute to the overall objectives. This structure facilitates efficient workflow and accountability. Management, in turn, is the dynamic process of steering the program towards its goals. It encompasses several key functions: leading and motivating the program team, coordinating activities among various internal and external stakeholders (such as community leaders, government agencies, and partner NGOs), and securing and allocating resources like funding, personnel, and materials. A crucial management function is monitoring and control, which involves systematically tracking program activities, measuring progress against performance indicators, and making necessary adjustments to the plan in response to real-world challenges or opportunities. This ensures that the program stays on course and uses its resources effectively and efficiently. Without a robust organizational structure and active management, even the most well-conceived health education plan is likely to falter during implementation.

Based on the above source, attempt the following five questions.

296. According to the passage, what is the primary function of the "organization" aspect of a health education program?
(A) To monitor daily activities and measure progress.
(B) To secure funding and allocate financial resources.
(C) To motivate the program team and lead

Direction : Please read the following source carefully.

The role of media in health education has expanded dramatically with the proliferation of communication technologies. Media serves as a powerful conduit for disseminating health information, shaping public opinion, and influencing health-related behaviours on a mass scale. Traditional media, including television, radio, and print, have long been used for public service announcements, health campaigns, and educational programming. They excel at raising awareness about health issues like immunization, disease outbreaks, and sanitation, reaching diverse and broad audiences. However, the rise of new media, particularly the internet and social media platforms, has revolutionized the landscape. These digital platforms allow for more interactive and targeted communication, enabling health educators to engage specific demographics, facilitate discussions, and provide real-time updates. Social media campaigns can go viral, spreading messages rapidly, while dedicated health websites and blogs offer in-depth information. Despite their potential, media also present challenges. Misinformation and disinformation can spread just as quickly as credible facts, creating confusion and mistrust. Furthermore, the media's portrayal of health issues can sometimes be sensationalized, leading to public anxiety or stigmatization. Therefore, a critical approach is necessary, leveraging media's reach while promoting media literacy to help the public discern credible sources from unreliable ones.

Based on the above source, attempt the following five questions.

276. According to the passage, what is a primary advantage of traditional media like television and radio in health education?
(A) They can reach broad and diverse audiences to raise general awareness.
(B) They allow for highly interactive and personalized communication.
(C) They are best suited for facilitating in-depth group discussions.
(D) They are completely free from the risk of spreading misinformation.

277. How has the rise of new media, such as social media, changed health communication?
(A) It has made health communication a purely one-way process.
(B) It has eliminated the role of traditional media entirely.
(C) It has guaranteed that only credible health information is circulated.
(D) It has enabled more interactive, targeted, and real-time engagement.

278. The passage highlights a significant challenge associated with the use of media in health education. What is it?
(A) The high cost of accessing traditional media platforms.
(B) The rapid spread of misinformation and disinformation.
(C) The slow speed at which information is disseminated.
(D) The lack of interest from the public in health-related content.

279. What does the passage suggest is a necessary skill for the public in the modern media environment?
(A) The ability to create viral social media content.
(B) A deep technical understanding of how media platforms work.
(C) The capacity to distinguish credible sources from unreliable ones.
(D) The ability to produce professional-quality media.

280. The term "sensationalized" portrayal of health issues in the media implies that the reporting is often:
(A) factually accurate and strictly objective.
(B) focused on providing calm and measured analysis.
(C) limited to official government-approved sources.
(D) designed to be exaggerated and provoke strong emotional reactions.

Direction : Please read the following source carefully.

In the realm of public health communication, a crucial distinction exists between Information, Education, and Communication (IEC) and

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m-Health specifically refers to the use of mobile and wireless technologies to deliver healthcare services and information. Therefore, m-Health is considered a specialized component of the larger E-Health ecosystem, focusing on the portability and accessibility provided by modern mobile devices.

16. (B) Identifying the target audience and their specific needs.
Initiating a community-wide health education program requires a systematic approach to ensure that the intervention is both appropriate and effective. The most logical first step is to identify the specific target audience and evaluate their unique health needs and educational gaps. This foundational process allows program planners to tailor their messages and delivery methods to the audience, maximizing the likelihood of achieving positive health outcomes.

17. (D) a, b, c, and d
Communication in health settings can be hindered by various interferences categorized as physical, psychological, semantic, and socio-cultural barriers.
Specific examples of these barriers include:
P Environmental noise acting as a physical interference.
Q. Patient anxiety serving as a psychological hurdle.
R. Misunderstood medical jargon creating a semantic gap.
S. Traditional beliefs acting as a socio-cultural obstacle.
Recognizing all these factors is vital for effective health messaging.

18. (A) Telemedicine
Telemedicine involves the delivery of clinical healthcare services through electronic communication technologies when the patient and the healthcare professional are in different locations. By utilizing video conferencing, specialists can provide diagnoses and consultations to individuals residing in remote or underserved areas. This application of technology bridges the gap in healthcare access, ensuring that patients receive expert medical attention without the need for extensive travel or physical relocation.

19. (C) The routine tracking of program activities to ensure they are on schedule.
In the management of health education initiatives, monitoring serves as a continuous process of internal review. It involves the systematic and routine tracking of all program activities to determine if they are progressing according to the established timeline and budget. This allows managers to identify potential issues early and make necessary adjustments, ensuring that the program remains on course to meet its predefined goals.

20. (D) Accreditation and recognition of the courses offered.
Distance education in the health sector provides flexible learning opportunities but also introduces specific legal and professional challenges. A primary concern is the formal accreditation and recognition of the courses by relevant educational and professional bodies. Ensuring that certifications are legally valid and accepted by employers is crucial for the professional development of students and the overall credibility of the health education system.

21. (C) Providing health services to encourage learning through direct user experience.
The service approach to health education integrates the provision of clinical or preventive services with educational objectives. By offering tangible health benefits, such as immunizations or health screenings, the program creates opportunities for individuals to learn about health through direct experience. This practical involvement reinforces theoretical knowledge, as participants witness the value of health services firsthand, making them more likely to adopt and maintain healthy behaviors.

22. (A) 3, 2, 1, 4
Planning a health education program follows a logical chronological sequence to ensure its overall success and effectiveness.
1. Conduct a needs assessment to identify specific community requirements.
2. Set clear, measurable goals and objectives based on assessment findings.
3. Implement the program activities as planned.
4. Evaluate the program to measure its impact and outcomes.

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by digitizing processes and connecting disparate parts of the health system. On the other hand, m-Health (or mobile health) is a specific subset of e-Health that leverages the ubiquitous nature of mobile devices, such as smartphones and tablets. Its applications are specifically designed for these portable platforms and include health and wellness apps, SMS-based appointment reminders and medication alerts, remote patient monitoring via wearable sensors connected to a phone, and providing health information directly to individuals on their personal devices. M-Health's key advantage is its ability to reach populations in remote or underserved areas and provide personalized, real-time health support, thereby extending the reach of the healthcare system directly into the hands of the public.

Based on the above source, attempt the following five questions.

286. According to the passage, what is the relationship between e-Health and m-Health?
(A) They are two completely separate and unrelated fields.
(B) E-Health is a specific subset of the broader category of m-Health.
(C) E-Health and m-Health are synonymous and can be used interchangeably.
(D) M-Health is a specific subset of the broader category of e-Health.

287. The use of a hospital-wide system of Electronic Health Records (EHRs) to manage patient information falls under the umbrella of:
(A) m-Health exclusively.
(B) traditional health communication.
(C) e-Health.
(D) non-digital health services.

288. Which of the following is a defining characteristic of m-Health as described in the source?
(A) It relies primarily on desktop computers and landline networks.
(B) Its applications are specifically designed for mobile devices like smartphones.
(C) It is mainly concerned with analyzing large datasets for policy-making.
(D) It replaces the need for any form of remote clinical consultation.

289. What is identified in the passage as a key advantage of m-Health?
(A) Its ability to enhance the efficiency of hospital administrative tasks.
(B) Its function in digitizing the entire healthcare system infrastructure.
(C) Its primary role in informing national public health policy through data analysis.
(D) Its capacity to reach remote populations and provide personalized support.

290. An SMS-based system that sends daily reminders to diabetic patients to check their blood sugar levels is a clear example of:
(A) an m-Health application.
(B) a traditional e-Health application like telemedicine.
(C) a health informatics tool for data analysis.
(D) a non-technological health intervention.

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Direction : Please read the following source carefully.

E-medicine and distance education represent two significant applications of information technology in the health sector, each accompanied by a complex web of legal and ethical issues. E-medicine, often used interchangeably with telemedicine, refers specifically to the practice of medicine at a distance, where healthcare professionals diagnose, treat, and advise patients using telecommunications technology. This can range from a remote video consultation to the robotic-assisted surgery. While it enhances access to specialist care, it raises critical legal questions regarding licensure, as a practitioner in one state or country may be treating a patient in another with different regulations. Liability in cases of misdiagnosis or technical failure is also a contentious area. Distance education in health involves training and continuing professional development for healthcare workers through online platforms, webinars, and digital resources. This mode of learning offers flexibility but poses challenges in ensuring the quality of practical skills training and the authenticity of assessments. Associated legal issues for both e-medicine and distance education prominently feature data privacy and security. The transmission and storage of sensitive patient health information and student data require robust encryption and adherence to stringent data protection laws, such

Behavior Change Communication (BCC). IEC represents a more traditional, linear model where the primary goal is to raise awareness and increase knowledge by providing factual information through various educational channels. The underlying assumption of IEC is that providing information will lead to changes in attitudes and, subsequently, practices. For instance, an IEC campaign might focus on distributing pamphlets detailing the benefits of handwashing. While essential for building a foundation of knowledge, the IEC approach often stops short of addressing the deeper motivational, social, and environmental factors that govern behavior. In contrast, BCC is a more comprehensive and interactive process. It goes beyond information dissemination to employ a strategic mix of communication interventions specifically designed to influence and support the adoption of healthy behaviors. BCC is research-based, using audience analysis to understand existing barriers and motivators. It aims not only to inform but also to persuade, motivate, and build skills, often involving interpersonal communication and community mobilization to create a supportive environment for change. Thus, while IEC informs, BCC aims to transform behavior by creating a dialogue and addressing the complete context in which decisions are made.
Based on the above source, attempt the following five questions.

281. What is the primary assumption underlying the Information, Education, and Communication (IEC) model?
(A) Providing factual information is sufficient to induce changes in practice.
(B) Behavior change can only be achieved through community mobilization.
(C) Interpersonal communication is the only effective method of persuasion.
(D) A research-based audience analysis is the first step in any campaign.

282. According to the passage, how does Behavior Change Communication (BCC) differ from IEC?
(A) BCC focuses exclusively on distributing informational pamphlets.
(B) BCC addresses motivational and social factors, not just knowledge.
(C) BCC is a linear model, while IEC is interactive.
(D) BCC is less research-based and more spontaneous than IEC.

283. A health program that conducts focus groups to understand why people don't use mosquito nets and then develops a campaign with local leaders to promote their use is an example of:
(A) A pure IEC approach.
(B) A BCC approach.
(C) A model that rejects the need for information.
(D) A strategy focused only on education.

284. Which statement accurately reflects the relationship between IEC and BCC as described in the passage?
(A) IEC provides a knowledge foundation, while BCC is a broader process aimed at action.
(B) IEC and BCC are identical and interchangeable terms.
(C) IEC is an older, outdated model that has been completely replaced by BCC.
(D) BCC is a subcomponent of the larger IEC framework.

285. The passage suggests that a limitation of the IEC approach is that it:
(A) is too interactive and complex.
(B) requires excessive resources for audience research.
(C) may not adequately address the barriers to behavioral adoption.
(D) ignores the importance of providing factual information.

Direction : Please read the following source carefully.

The integration of information and communication technology (ICT) into healthcare has given rise to the distinct but related fields of e-Health and m-Health. E-Health is a broad term encompassing the use of electronic information and telecommunications technologies to support and improve health and healthcare services. This includes a wide array of applications, such as Electronic Health Records (EHRs) for managing patient data, telemedicine for remote clinical consultations, and health informatics for analyzing large datasets to inform public health policy. E-Health aims to enhance the efficiency, quality, and accessibility of healthcare delivery

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them towards the goals.
(D) To create a logical team structure with clear roles and responsibilities.

297. The process of systematically tracking program activities and measuring progress against indicators is part of which function?
(A) Monitoring and control
(B) Initial planning
(C) Program organization
(D) Stakeholder identification

298. Which of the following activities falls under the domain of program management, as described in the source?
(A) Defining the initial mission and vision of the program.
(B) Coordinating activities between the program team and community leaders.
(C) Creating the final evaluation report after the program ends.
(D) Establishing the permanent organizational chart before the program begins.

299. What does the passage suggest is a likely consequence of a program lacking a robust organizational structure?
(A) The program will exceed its budget due to over-planning.
(B) The program will likely fail during the implementation phase.
(C) The program will have too many external stakeholders.
(D) The program will achieve its objectives ahead of schedule.

300. The distinction between organization and management, as inferred from the passage, is that:
(A) organization is about creating the static framework, while management is the dynamic process of running the program within it.
(B) management precedes organization in the program cycle.
(C) organization is concerned with external stakeholders, while management is focused on the internal team.
(D) management deals with resource allocation, whereas organization does not.

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(B) Physical barrier
(C) Socio-cultural barrier
(D) Psychological barrier

270. What strategy does the passage suggest for overcoming communication barriers?
(A) Using more complex jargon to demonstrate expertise.
(B) Ignoring feedback to maintain message consistency.
(C) Focusing only on physical barriers as they are easiest to fix.
(D) Practicing empathy and cultural sensitivity.

Direction : Please read the following source carefully.

The successful implementation of health education initiatives hinges on a systematic process of planning, management, and organization. Planning is the foundational phase, which begins with a comprehensive needs assessment to identify the specific health problems, resources, and priorities of the target community. This diagnosis informs the formulation of clear, measurable, achievable, relevant, and time-bound (SMART) objectives. Once objectives are set, the planning process moves to selecting the most appropriate educational strategies and methods, considering the audience's characteristics and the available resources. This culminates in the development of a detailed action plan, which outlines specific activities, timelines, responsibilities, and required materials. The management aspect then takes over, focusing on the mobilization, allocation, and efficient use of resources—including personnel, finances, and materials—to execute the action plan. Effective management involves continuous monitoring of progress against the established timelines and objectives, as well as problem-solving to address unforeseen challenges. The organization component refers to the structuring of the program's human resources, defining roles and responsibilities, and establishing clear lines of communication and coordination among the team members, stakeholders, and community partners to ensure a cohesive and synergistic effort towards achieving the program's goals.

Based on the above source, attempt the following five questions.

271. What is described as the foundational phase in the process of creating a health education initiative?
(A) The management of financial resources.
(B) The organization of the program staff.
(C) The detailed planning based on a needs assessment.
(D) The final evaluation of the program's impact.

272. The acronym SMART is used in the passage to describe the characteristics of well-formulated:
(A) Needs assessments
(B) Program objectives
(C) Educational strategies
(D) Action plans

273. The management aspect of a health education program is primarily concerned with which of the following?
(A) Initially identifying the health problems of a community.
(B) Establishing the philosophical basis for the intervention.
(C) Defining the long-term vision without focusing on daily operations.
(D) Executing the action plan through efficient resource use and monitoring.

274. According to the source, what is the main purpose of the "organization" component?
(A) To structure the team and coordinate among stakeholders.
(B) To conduct the initial community diagnosis.
(C) To select the educational methods for the program.
(D) To create the SMART objectives for the initiative.

275. What can be inferred about the relationship between planning, management, and organization?
(A) They are three independent processes that do not influence each other.
(B) Effective planning makes management and organization unnecessary.
(C) They are sequential and interconnected phases crucial for program success.
(D) Management is the most important phase, while planning and organization are secondary.

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geographical barriers and significantly improving health literacy and awareness.

8. (A) Media representation of health is always accurate and unbiased.
The media plays a powerful role in shaping public perceptions and disseminating health information to large audiences rapidly. While it serves as a critical tool for social mobilization and health advocacy, it is not always a source of perfectly accurate or unbiased information. Commercial interests, sensationalism, or incomplete reporting can lead to the spread of misinformation, which may influence public opinion in ways that are not scientifically factual.

9. (D) Statement I is false, but Statement II is true.
While providing information is a necessary component of health education, it is not the primary or sole focus of the discipline. The ultimate objective is to translate health knowledge into actual behavioral changes and improved health practices among individuals and communities. Merely knowing about a health risk does not guarantee a change in action; therefore, effective health education strategies must address motivation and environmental factors for success.

10. (A) Socio-cultural barrier
Communication barriers can significantly impede the effectiveness of health education programs if they are not properly identified and addressed. A socio-cultural barrier arises when differences in language, dialects, traditions, or social norms create a gap between the communicator and the audience. To ensure successful message delivery, health educators must adapt their communication style to respect and align with the cultural and linguistic background of the community.

11. (A) Both A and R are true and R is the correct explanation of A.
In the digital age, the integration of electronic networks into healthcare introduces significant complexities regarding the protection of sensitive patient information.
Ethical and technical considerations include:
P The inherent vulnerability of digital data to unauthorized access and cyber threats.
Q. The legal obligation of providers to ensure data privacy during electronic transmission.
Addressing these risks is fundamental to maintaining trust in modern electronic medical services.

12. (B) Coercive approach
Professional health education strategies are designed to influence behavior through various systematic approaches that respect individual and community dynamics. While educational, service, and regulatory approaches are widely recognized, a coercive approach is generally not considered an acceptable method. Health education emphasizes empowerment and voluntary change, whereas coercion relies on force or threats, which contradicts the core principles of fostering informed and self-motivated healthy lifestyles.

13. (C) Individual communication (counseling)
Individual communication represents a personalized approach where health information is tailored specifically to a single person's needs and circumstances. This method is highly effective for managing chronic conditions, as it allows for a detailed dialogue and the clarification of specific concerns. Through one-on-one sessions, healthcare providers can offer targeted advice and support, fostering a strong therapeutic relationship and increasing the likelihood of successful behavior change and management.

14. (A) P-3, Q-2, R-4, S-1
Effective health communication utilizes multiple modes to convey messages depending on the context and the target audience. Verbal communication relies on spoken words, while non-verbal communication involves facial expressions and body language to convey meaning. Written communication uses text, such as prescriptions, to provide lasting instructions. Visual communication incorporates images and posters to reinforce information, ensuring that the health message is accessible and understood by all.

15. (A) E-Health
E-Health is a comprehensive term that describes the use of information and communication technologies to support health and health-related fields. Within this broad framework,

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ANSWERS

1. (B) Encouraging voluntary changes in behavior to promote health.
Health education is fundamentally designed to empower individuals and communities to take control of their own health outcomes. Unlike coercive or regulatory measures, it focuses on providing the necessary knowledge and skills to facilitate voluntary behavioral adjustments. This approach respects individual autonomy while promoting sustainable health improvements through informed decision-making and the adoption of healthier lifestyle practices. Such strategies ensure that positive health changes are internally motivated.

2. (A) Affective domain
Educational objectives are often categorized into three primary domains of learning to ensure comprehensive instruction. The affective domain specifically addresses the emotional components of behavior, including an individual's attitudes, values, and beliefs regarding health practices. By focusing on these internal motivations, health educators can foster a deeper commitment to positive lifestyle changes that go beyond simple knowledge acquisition or the development of specific physical skills.

3. (C) Public lecture
Communication methods in health education are classified based on the direction of information flow between the sender and the receiver. A public lecture is characterized as a one-way communication method because information is primarily transmitted from the speaker to a large audience. In this format, there is typically very little or no opportunity for immediate feedback or interactive dialogue, distinguishing it from methods like counseling or focus groups.

4. (D) Semantic barrier
Effective health communication requires that the message sent by the educator is accurately interpreted by the receiver without distortion. A semantic barrier occurs when there is a misunderstanding related to the language or symbols used, such as technical jargon or complex medical terminology. This type of interference prevents the receiver from grasping the intended meaning, thereby hindering the successful delivery of vital health information and reducing effectiveness.

5. (C) To identify the health problems and educational needs of the target population.
Before implementing any health education initiative, it is essential to conduct a thorough needs assessment to ensure the program is relevant. This preliminary process involves gathering data to identify the specific health challenges and educational gaps within a target community. By understanding these unique requirements, planners can design targeted interventions that effectively address the most pressing issues, leading to more impactful and sustainable health outcomes for participants.

6. (B) The use of electronic communications to provide clinical care from a distance.
E-medicine represents a transformative approach to healthcare delivery by integrating advanced information and communication technologies into clinical practice. It specifically refers to the use of electronic platforms to provide medical services and clinical care to patients who are geographically separated from healthcare providers. This method enhances access to specialized medical expertise, particularly in remote areas, by facilitating consultations, diagnosis, and treatment through modern digital communication networks.

7. (D) It has a wide reach and provides information directly to personal devices.
Mobile health, commonly known as m-Health, utilizes wireless technologies and mobile devices to deliver health-related services and information. Its primary advantage in health education is its immense reach and the ability to provide real-time information directly to individuals on their personal devices. This accessibility ensures that health messages can be disseminated quickly and efficiently across diverse populations, overcoming

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This structured process ensures the program is relevant and accountable.

23. (D) A radio jingle about the importance of handwashing.
Broadcast media refers to the transmission of information through electronic channels such as radio and television to reach a wide and diverse audience simultaneously. A radio jingle is an excellent example of this method, as it uses audio elements to deliver concise health messages in a memorable format. This approach is particularly effective for raising awareness and promoting healthy habits among large populations, regardless of their location.

24. (A) E-Health and m-Health
The use of mobile applications for health monitoring represents a convergence of several modern technological concepts. It falls under E-Health, which is the broad application of information technology in healthcare, and specifically m-Health, which focuses on the use of mobile devices. By allowing patients to log and transmit clinical data to their doctors, these technologies enhance patient engagement, support chronic disease management, and improve the efficiency of care.

25. (C) Psychomotor
Learning objectives are categorized into domains that define the nature of the educational outcome. The psychomotor domain focuses on the development of physical skills and manual tasks that require coordination and movement. Learning to self-administer an injection is a perfect example of a psychomotor skill, as it involves mastering a physical procedure through practice and precision, which is distinct from acquiring knowledge or changing attitudes.

26. (A) Using simple, clear language
Effective communication in health education is essential for ensuring that messages are understood and acted upon by the target audience. While emotional disturbances, cultural taboos, and a lack of source credibility act as barriers that hinder understanding, using simple and clear language is a strategy to enhance communication. By avoiding complex jargon, health educators can ensure their message is accessible, thereby facilitating better comprehension and promoting healthy behaviors.

27. (A) Both A and R are true and R is the correct explanation of A.
The significant growth of m-Health applications is closely linked to the widespread availability of modern communication technology.
Contributing factors for this trend include:
P. The rapid increase in smartphone ownership across various demographic segments.
Q. The expansion of reliable internet access, even in developing regions.
These technological advancements have created an environment where mobile health solutions are more accessible to the general public than ever before.

28. (B) The patient understands the process, risks, and alternatives to teleconsultation.
Informed consent is a fundamental ethical and legal requirement in any medical interaction, including e-medicine. It ensures that the patient is fully aware of how the teleconsultation will proceed, any potential risks involved with remote care, and the available alternatives. By providing this information, healthcare providers empower patients to make voluntary decisions about their care, thereby protecting patient autonomy and fulfilling professional and legal obligations.

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29. (C) A national campaign with defined roles, budget, timeline, and coordination.
A well-organized health education program requires structured management and coordination to achieve large-scale objectives. This involves defining specific roles for team members, establishing a clear budget, setting a realistic timeline, and ensuring effective communication among various stakeholders. A national campaign serves as the best example of this organized approach, as it integrates multiple resources and agencies to deliver a consistent message to a broad audience.

30. (C) a, b, d, and e only
Mass media communication methods are designed to reach a large and diverse audience through various electronic and print channels.
Examples of mass media in health education include:

are given. Information overload occurs when a message contains too much data or is too complex for the audience to absorb at once, acting as a significant psychological barrier. This can lead to confusion and a failure to act on important health advice. To ensure successful communication, health educators should provide clear, concise, and focused messages that are tailored to the audience's capacity.

89. (A) Both A and R are true and R is the correct explanation of A.
Distance education serves as a vital tool for addressing the shortage of healthcare professionals in underserved and remote regions. Benefits of this educational model include:
P. Providing specialized training to workers without requiring long-term relocation.
Q. Supporting continuous professional development through accessible digital platforms.
By allowing health workers to stay in their communities while they learn, distance education enhances local healthcare capacity and improves the overall quality of services provided to remote populations.

90. (A) Any factor that distorts or interferes with the message, including psychological or semantic factors.
In the context of communication theory, 'noise' is a broad term that refers to any factor that interferes with the accurate transmission and reception of a message. This includes physical noise like loud sounds, as well as psychological noise like pre-existing biases, and semantic noise like misunderstood technical jargon. Identifying and minimizing all forms of noise is essential for ensuring that health education messages are received as intended, leading to better understanding and effective behavior change.

91. (D) Store-and-forward telemedicine
Store-and-forward telemedicine involves the electronic transmission of medical data, such as images or clinical records, for review by a specialist at a later time. Using a smartphone camera to send a picture of a skin condition to a dermatologist is a classic example of this asynchronous method. It provides a convenient and efficient way for patients to receive expert consultations without the need for real-time interaction, making it particularly useful for specialties like dermatology and radiology.

92. (B) Participants will develop a negative attitude towards smoking.
Affective objectives in health education are focused on changing an individual's attitudes, values, and emotions toward a health behavior. Developing a negative attitude towards smoking is a perfect example, as it targets the internal motivations that influence an individual's choice to smoke. By addressing these emotional components, health educators can foster a genuine desire for behavior change, which is essential for the long-term success of health promotion programs and for achieving lasting health improvements.

93. (C) Based on the active participation of the target community.
Successful health education programs are rooted in the principle of community participation. Involving the target audience in the planning process ensures that the program is culturally appropriate, relevant to their specific needs, and more likely to be accepted and sustained. When community members feel ownership over a program, they are more motivated to participate and adopt the recommended health behaviors. This collaborative approach leads to more impactful interventions and empowers the community to manage their own health.

94. (D) The media can play a role in promoting health literacy among the general public.
The media serves as a significant source of health information for the general public, playing a vital role in promoting health literacy. By providing accessible and accurate information about diseases, prevention, and healthy lifestyles, media outlets can empower individuals to make better health decisions. While the media's influence is not always direct or simple, its capacity for wide-scale information dissemination makes it an essential partner in public health efforts to educate and mobilize the population for health.

95. (D) All a, b, c, d, and e
A well-structured health education program requires the integration of several essential components to ensure its effectiveness and impact.

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38. (B) P-3, Q-1, R-4, S-2
Modern health concepts utilize technology in various ways to improve healthcare delivery and education.
Key definitions include:
P. E-Health serves as the broad term for ICT use in health.
Q. m-Health specifically involves mobile and wireless technologies.
R. Telemedicine focuses on delivering clinical services from a distance.
S. Distance education provides learning opportunities to geographically dispersed individuals.
These concepts are essential for modernizing healthcare systems.

39. (D) Cognitive objective
Cognitive objectives in health education are focused on the acquisition of knowledge and the development of intellectual skills. Raising awareness about a new vaccine falls into this category because it aims to inform the public about its existence, benefits, and availability. By improving the audience's understanding of the vaccine, health educators provide the foundational knowledge necessary for individuals to make informed decisions regarding their own immunization and health.

40. (A) Psychological
Communication can be significantly disrupted by the internal emotional state of the individuals involved. A psychological barrier occurs when a receiver's current emotions, such as anger, fear, or defensiveness, prevent them from effectively listening to or processing a message. In a healthcare setting, these emotional interferences can lead to misunderstandings and non-compliance, making it essential for providers to address the patient's emotional needs during the consultation.

41. (C) a, b, and c only
The role of media in health education is multifaceted, offering both significant advantages and potential challenges.
Accurate observations include:
P. Media can rapidly create widespread awareness about critical health issues.
Q. It can also inadvertently promote unhealthy behaviors or cause panic.
R. Interactive digital platforms allow for two-way communication and engagement.
Contrary to misconceptions, print media remains relevant as a source of detailed health information.

42. (A) E-medicine
E-medicine is a specialized field that utilizes advanced telecommunications and information technology to provide clinical healthcare services remotely. It encompasses various subfields, such as tele-consultation for remote advice, tele-radiology for interpreting medical images from a distance, and tele-pathology for laboratory analysis. By integrating these electronic components, E-medicine enhances the efficiency of the healthcare system and improves access to specialized medical expertise for patients in diverse locations.

43. (D) Securing a celebrity endorsement for all programs.
Organizing a health education program involves several core management tasks to ensure its effective delivery. This includes defining the roles and responsibilities of the team, establishing clear communication channels, and coordinating with relevant departments and agencies. While celebrity endorsements can be a useful tool for increasing visibility in certain campaigns, they are not considered a fundamental or mandatory requirement for the successful organization of most health education initiatives.

44. (B) Encoding
The communication process begins with encoding, where the sender translates an idea or technical concept into a message format that can be understood by the receiver. In health education, this involves converting complex medical information into simple, culturally appropriate language or visual symbols. Effective encoding is crucial for ensuring that the health message is accessible to the target audience, thereby facilitating better comprehension and promoting positive behavior change.

45. (C) Helping people make informed decisions through knowledge and skill development.
The educational approach to health promotion is rooted in the belief that individuals should be empowered to take responsibility for their own

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60. (B) It primarily involves surgical intervention.
Health education is a multidisciplinary field focused on promoting health through planned learning experiences and voluntary behavior change. It is based on the needs of the people and utilizes various communication and educational strategies. Unlike clinical medicine, which may involve surgical or pharmacological interventions to treat disease, health education emphasizes prevention and the adoption of healthy lifestyles through informed decision-making. Its primary goal is empowerment rather than medical or surgical treatment.

61. (C) Low health literacy of the audience
Effective health communication is often hampered by the limited ability of individuals to process and understand basic health information. Low health literacy is a significant barrier because it prevents the audience from accurately interpreting health messages and making informed decisions. To overcome this, health educators must use simple language, visual aids, and culturally appropriate examples to ensure that their information is accessible and useful to people with diverse educational backgrounds.

62. (B) P-3, Q-4, R-1, S-2
Communication barriers in health education are classified into several types based on the nature of the interference.
Common barriers include:
P. Physical barriers such as environmental noise that disrupts hearing.
Q. Psychological barriers like fear and anxiety that affect perception.
R. Semantic barriers involving misunderstood medical jargon.
S. Socio-cultural barriers like gender roles that influence health-seeking behavior.
Identifying these categories helps in developing targeted communication strategies.

63. (A) Ensure the program is implemented efficiently and effectively to achieve its objectives.
The primary goal of managing a health education program is to oversee its successful implementation. This involves coordinating resources, supervising staff, and monitoring progress to ensure that all activities are carried out as planned. Effective management ensures that the program achieved its predefined objectives within the allocated time and budget. By focusing on efficiency and quality, managers can maximize the impact of the program on the health of the target population.

64. (B) E-Health is a broader term, while m-Health specifically involves mobile devices.
While both concepts involve the use of technology in healthcare, they differ in their scope and focus. E-Health is a broad umbrella term that encompasses all applications of information and communication technologies in health, including electronic records and administrative systems. In contrast, m-Health is a specialized subset of E-Health that specifically focuses on the use of mobile devices and wireless technology to deliver health services and information, highlighting portability and accessibility.

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65. (A) a, b, and c only
m-Health encompasses various applications that utilize mobile and wireless technologies to support healthcare and public health practices.
Examples of m-Health include:
P. SMS reminders sent directly to personal mobile phones.
Q. Live video consultations conducted via smartphone applications.
R. Wearable fitness devices that track physiological data.
These tools provide portable and real-time health solutions, whereas traditional websites and printed pamphlets do not fall under this specific category.

66. (D) Statement I is false, but Statement II is true.
Distance education in the health sector is a versatile tool that can be applied to diverse target audiences.
The scope of distance learning includes:
P. Professional training and continuous development for healthcare providers.
Q. Public health education programs delivered through online courses and mass media.
By utilizing various digital platforms, health education can reach both specialists and the general public, overcoming geographical barriers and improving health knowledge and skills across the entire community.

such a structured plan ensures that the program is organized, feasible, and capable of measuring its success.

53. (C) Panel Discussion - Two-way communication
Communication modes are classified based on the interaction between the sender and the receiver. A panel discussion is a two-way communication method where experts discuss a topic while allowing for audience interaction and feedback. This is distinct from one-way methods like lectures or advertisements, where information flows in a single direction. Two-way communication is highly effective in health education as it facilitates the clarification of doubts and promotes deeper engagement.

54. (B) E-Health
Electronic Health Records (EHRs) are digital versions of patients' paper charts, containing comprehensive clinical information and medical history. The implementation and management of EHRs fall under the broad category of E-Health, which uses information technology to enhance healthcare delivery. EHRs improve care coordination, reduce medical errors, and provide a more efficient way for healthcare providers to access and share patient data, ultimately leading to better health outcomes and streamlined clinical processes.

55. (D) Health knowledge and health behavior.
One of the primary challenges in public health is the discrepancy between what individuals know and what they actually practice. Health education aims to bridge this gap by not only providing factual information but also addressing the motivations and skills required for behavior change. By facilitating this transition from knowledge to action, health education programs help individuals adopt and maintain healthy habits, leading to improved health status and disease prevention.

56. (A) Providing guidance and support to the staff to improve performance and ensure quality.
Supervision in health education program management is a supportive and educational process. It involves providing ongoing guidance, feedback, and technical support to the staff responsible for implementing program activities. Effective supervision ensures that tasks are performed correctly, quality standards are maintained, and any challenges faced by the team are addressed promptly. This collaborative approach enhances staff performance and contributes to the overall success and sustainability of the program.

57. (A) a and b only
E-medicine introduces complex legal and professional issues that must be navigated by healthcare providers.
Key legal considerations include:
P. Ensuring that the physician is licensed to practice in the jurisdiction where the patient is located.
Q. Maintaining a high standard of care that is comparable to in-person consultations.
These issues highlight the importance of understanding the legal landscape to ensure patient safety and professional accountability in digital healthcare.

58. (A) Media can influence what health topics the public and policymakers consider important.
The media acts as a powerful agenda-setter by determining which health issues receive public attention. By frequently reporting on specific topics, media outlets can influence the perceived importance of these issues among the general public and policymakers. This visibility can lead to increased funding, policy changes, and community action. Understanding this role is essential for health advocates who use media strategies to prioritize critical health concerns and drive social change.

59. (D) Group communication; visual and verbal modes
Health education often utilizes creative methods to engage specific audiences, such as children. A puppet show is an example of group communication, as it targets a specific set of individuals simultaneously. This method employs both visual and verbal modes to deliver messages, making the information more engaging and easier to remember. By combining entertainment with instruction, health educators can effectively teach complex concepts like hygiene in a culturally appropriate and accessible manner.

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P. Printed materials like pamphlets distributed to the public.
Q. Television commercials and radio dramas aimed at the general population.
R. Health-related websites accessible to anyone with internet access.

Counseling sessions are excluded as they represent interpersonal, not mass, communication.

31. (A) Regulatory/Legal approach
The regulatory or legal approach to health promotion utilizes laws, policies, and regulations to mandate behaviors that protect public health. By enforcing rules, such as seatbelt use, the government can effectively reduce injury and mortality rates on a large scale. This method complements educational efforts by providing a legal framework that encourages compliance, ensuring that healthy practices become standardized across the population for the collective benefit.

32. (B) Exploring perceptions and attitudes of a specific group through in-depth dialogue.
A focus group discussion is a qualitative research and educational method used to gather detailed insights from a small, representative group of individuals. It involves a facilitated dialogue where participants share their beliefs, perceptions, and attitudes toward specific health issues. This interactive process allows health educators to understand the underlying motivations and barriers within a community, providing valuable information for designing more effective and culturally appropriate interventions.

33. (A) Both Statement I and Statement II are true.
Communication in health education extends beyond the spoken word to include various non-verbal cues that influence how a message is perceived.
Key aspects of non-verbal impact include:
P. The educator's body language often carries more weight than verbal content.
Q. Facial expressions and tone of voice can significantly alter message reception.

Therefore, professional communicators must be mindful of their non-verbal behavior to ensure that their message is credible.

34. (A) Information, Education, and Communication
The acronym IEC represents a strategic framework used in public health to promote positive health behaviors. Information refers to the dissemination of factual knowledge, Education involves the process of learning and skill development, and Communication focuses on the interactive exchange of messages. Together, these components aim to raise awareness, change attitudes, and encourage individuals to adopt healthy lifestyles through targeted and culturally appropriate outreach programs.

35. (C) The digital divide, including limited infrastructure and low digital literacy.
The digital divide represents a major obstacle to the successful implementation of e-Health initiatives in rural areas of developing nations. This challenge is characterized by a lack of reliable technological infrastructure, such as internet connectivity and electricity, as well as low levels of digital literacy among the population. Overcoming these barriers is essential to ensure that the benefits of modern healthcare technology are accessible to underserved communities.

36. (D) A newspaper article on preventing dengue fever.
Print media remains a significant channel for health education, providing detailed information that can be easily archived and referenced by readers. A newspaper article is a classic example of this method, as it allows for the dissemination of health tips and preventive measures to a wide audience. This format is particularly useful for explaining complex health topics in a structured manner, helping to improve public health literacy over time.

37. (C) Program Planning
Program planning is the systematic process of designing a health education initiative to achieve specific goals. This phase involves conducting a needs assessment, setting measurable objectives, identifying necessary resources, and determining the strategies for implementation and evaluation. A well-developed plan serves as a roadmap for the program, ensuring that activities are organized and resources are used efficiently to address the identified health needs of the community.

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67. (C) Using laws and policies to influence health behavior.
The regulatory approach to health promotion involves the use of legislative and policy-based measures to mandate or restrict behaviors that affect public health. By implementing rules, such as public smoking bans or mandatory nutritional labeling, the government can create environments that support healthy choices. This approach is highly effective for addressing health issues on a large scale, providing a legal framework that complements educational and service-oriented health initiatives.

68. (D) Physical barrier
Effective communication requires a stable environment free from technical or environmental interferences. A physical barrier occurs when external factors, such as a power outage or equipment failure, disrupt the transmission of the health message. These interferences prevent the educator from using intended tools, such as projectors, and can hinder the audience's ability to receive information. Addressing physical barriers through contingency planning is essential for ensuring the smooth delivery of health education sessions.

69. (A) Both A and R are true and R is the correct explanation of A.
The role of media in health education is complex, as it can significantly influence public health in both constructive and harmful ways.
The impact of media includes:
P. Its capacity to rapidly disseminate life-saving health information to large populations.
Q. The risk of spreading misinformation and creating unnecessary health-related anxieties.
This dual nature underscores the importance of critical health literacy and the need for accurate, evidence-based health communication from all media sources.

70. (B) Clear communication channels and well-defined responsibilities.
Successful organization of a health education program depends on a clear and structured framework for implementation. This involves defining the specific roles and responsibilities of each team member and establishing reliable communication channels within the organization and with external partners. Such clarity prevents confusion, ensures accountability, and facilitates the efficient use of resources, ultimately leading to more effective health interventions and improved community outcomes throughout the entire program lifecycle.

71. (D) Panel discussion
Communication methods in health education are categorized as either one-way or two-way based on the level of interaction between participants. A panel discussion is a two-way method because it involves a group of experts sharing information while allowing for a dynamic exchange with the audience. This interactive format facilitates the clarification of doubts and promotes deeper understanding, unlike one-way methods like radio broadcasts or posters where information flows in a single direction.

72. (A) The implementation of e-Health and m-Health initiatives.
The digital divide refers to the inequality in access to information and communication technologies across different populations. This gap is a significant challenge for modern health initiatives like e-Health and m-Health, which rely on internet connectivity and digital devices. People in rural or low-income areas often lack the necessary infrastructure and skills to utilize these tools, making it difficult to achieve universal health coverage and equitable access to digital health services and information.

73. (C) The patient will correctly demonstrate how to use a medical inhaler.
Psychomotor objectives focus on the acquisition and mastery of physical skills and manual procedures. Demonstrating the correct use of a medical inhaler is a classic psychomotor objective because it requires the learner to perform a physical task with coordination and precision. This is distinct from cognitive objectives, which focus on knowledge acquisition, or affective objectives, which address changes in attitudes and values, making it essential for practical clinical health education.

74. (A) Potential for misdiagnosis due to the absence of a physical examination.
E-medicine offers numerous benefits but also introduces specific clinical and legal risks for

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health. This method focuses on providing the necessary knowledge and fostering the skills required for people to make informed health choices. By increasing health literacy and self-efficacy, the educational approach facilitates voluntary behavior change, which is more sustainable than changes mandated by laws or external services alone.

46. (A) Both A and R are true and R is the correct explanation of A.
Establishing clear and measurable objectives is a fundamental requirement for the success of any health education initiative.
The importance of measurable objectives includes:
P. Providing a clear roadmap for the implementation of program activities.
Q. Serving as the essential criteria for evaluating program impact and effectiveness.
Without these specific targets, it is impossible to determine whether the program has achieved its intended health outcomes or improved community welfare.

47. (A) Allows the sender to know if the message was received and understood correctly.
Feedback is an essential component of the communication process, transforming it from a one-way transmission into an interactive exchange. It allows the sender to verify that the receiver has accurately decoded and understood the message. In health education, feedback enables the educator to clarify any misconceptions, answer questions, and adjust the communication strategy in real-time, ensuring that the health information is effective and impactful.

48. (B) Violation of user privacy and data security.
The increasing use of m-Health applications involves the collection and storage of sensitive personal health information. This creates significant legal and ethical concerns regarding the protection of user privacy and the security of stored data. Unauthorized access or data breaches can have serious consequences for patients, making it imperative for developers to implement robust security measures and comply with data protection laws to maintain public trust.

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49. (B) 3, 2, 1
Communication methods in health education are often selected based on the size of the target audience they are intended to reach.
The hierarchy of audience reach includes:
P. One-on-one counseling, which serves the smallest, individual audience.
Q. Lectures, which typically target intermediate-sized groups of people.
R. Mass media campaigns, which are designed to reach the largest, most diverse populations.
This progression highlights the different scales of health messaging.

50. (A) It is a dialogue-based process aimed at influencing individual and community behaviors.
Behavior Change Communication (BCC) is a strategic approach that goes beyond simple information dissemination. It is a dialogue-based process that involves individuals and communities in identifying health problems and developing solutions. BCC focuses on understanding the underlying determinants of behavior and uses tailored messages and multiple channels to influence social norms and personal practices. This interactive method is essential for fostering and sustaining positive health behaviors over time.

51. (C) m-Health
The integration of wearable technology with mobile applications is a prominent feature of m-Health. Devices that track physical activity and physiological data, such as heart rate, allow individuals to monitor their health in real-time. By syncing this information with a smartphone, users can receive personalized feedback and insights into their health status. This application of mobile technology encourages proactive health management and supports the adoption of healthier lifestyle behaviors.

52. (D) A detailed plan of action with timelines, budget, and evaluation criteria.
The planning phase of a health education program serves as the blueprint for all subsequent activities. It should conclude with a comprehensive plan of action that specifies the program's objectives, target audience, and implementation strategies. This document must also include a realistic timeline, a detailed budget, and clear criteria for evaluation. Having

This social interaction helps participants feel less alone in their health challenges and allows them to learn from others in similar situations. This collaborative approach is particularly effective for addressing sensitive health topics and social norms.

82. (A) Doctors needing to be licensed in the patient's location as well.
Physician licensure is a critical legal issue in e-medicine, especially when services are provided across different jurisdictions. Many legal frameworks require that a doctor be licensed not only in their own location but also in the jurisdiction where the patient is located. This ensures that the healthcare provider meets local professional standards and is subject to local regulations. Understanding these requirements is essential for maintaining legal compliance and ensuring patient safety in tele-consultations.

83. (C) To force people to accept a specific treatment against their will.
Health education is based on the principle of voluntary behavior change and empowerment. Its primary objectives include informing the public about health issues, motivating individuals to adopt healthier practices, and helping people develop the skills needed to maintain their health. It does not involve coercion or forcing individuals to accept specific treatments against their will. This respect for individual autonomy is fundamental to fostering trust and promoting sustainable health improvements through informed decision-making and community participation.

84. (B) P-4, Q-3, R-2, S-1
Various media types are used in health education to reach different segments of the population effectively.
Proper pairings of media types include:

P. Print media, such as specialized health magazines.
Q. Broadcast media, exemplified by informative radio programs.
R. New media, including modern health-related smartphone applications.
S. Folk media, which uses traditional methods like puppet shows.

Selecting the appropriate media type ensures that health messages are culturally relevant and accessible.

85. (C) The practice of healthcare supported by electronic processes and communication.
E-Health is a broad and inclusive term that describes the use of digital technology to support and enhance healthcare services and public health. It encompasses a wide range of applications, including electronic health records, telemedicine, mobile health apps, and healthcare data analytics. By integrating information and communication technologies into medical practice, E-Health improves the efficiency of healthcare delivery, enhances patient safety, and facilitates better access to health information for both providers and the general public.

86. (B) Socio-cultural barriers
Effective health communication requires sensitivity to the audience's cultural background, including their customs, beliefs, and language. A socio-cultural barrier arises when a health message conflicts with local traditions or social norms, leading to resistance or misunderstanding. By respecting and integrating local culture into their communication strategies, health workers can overcome these obstacles. this approach builds trust and ensures that health messages are more acceptable and meaningful to the community, facilitating better health outcomes.

87. (A) Both Statement I and Statement II are true.
Managing a health education program involves both strategic planning and day-to-day oversight of activities.
Key administrative components include:

P. Program management, which incorporates ongoing monitoring and supervision.
Q. Program organization, which focuses on defining roles and structural implementation.

These interconnected processes are essential for ensuring that the health education program is delivered efficiently and achieves its intended impact on community health. Both concepts are fundamental to professional health program administration.

88. (A) Information overload
Effective communication depends on the ability of the receiver to process the information they

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physicians. A primary concern is the potential for misdiagnosis, as the absence of a physical examination can limit the doctor's ability to gather essential clinical information. This liability issue requires healthcare providers to carefully assess the suitability of tele-consultations for each case and maintain high standards of documentation and communication to ensure patient safety and professional accountability in digital healthcare.

75. (C) 3, 2, 1
The use of media in health education has evolved over time as new technologies have been developed.
The chronological progression of media types includes:
P. Print media, such as newspapers and pamphlets, which are the oldest forms.
Q. Broadcast media, particularly radio, which became popular in the early 20th century.
R. New media, including websites and social media platforms, which emerged in the digital age.
Understanding this evolution helps in selecting appropriate channels.

76. (B) Behavior Change Communication
Behavior Change Communication (BCC) is a strategic and interactive process used to promote positive health outcomes. It involves the use of tailored messages and various communication channels to influence the social norms and individual behaviors that affect health. Unlike simple information dissemination, BCC is grounded in behavioral theories and focuses on understanding and addressing the complex determinants of action, making it a powerful tool for fostering sustainable healthy practices within diverse communities and populations.

77. (C) Specific, measurable, cognitive objective.
A well-written educational objective must clearly state what the learner will achieve and how success will be measured. An objective that specifies the percentage of participants and the number of items they must identify is both specific and measurable. Since it focuses on the acquisition of factual knowledge about food sources, it is classified as a cognitive objective. This level of detail is essential for the effective planning and evaluation of health education programs.

78. (D) A method is the 'how' (e.g., lecture), while a mode is the 'form' (e.g., verbal).
Effective health communication requires an understanding of the difference between the methods used to deliver information and the modes of that communication. A method refers to the specific instructional technique, such as a lecture or group discussion, used to reach the audience. In contrast, a mode refers to the form the message takes, such as verbal, written, or visual. Selecting the right combination of both is crucial for ensuring the health message is understood.

79. (C) a, b, and c only
Planning a health education program is a systematic and professional process essential for achieving positive outcomes.
Characteristics of effective planning include:
P. Maintaining a dynamic and continuous process that adapts to changing needs.
Q. Basing the plan on a thorough assessment of community health requirements.
R. Incorporating a clear strategy for the evaluation of program impact.
Contrary to misconceptions, a good plan must remain flexible rather than rigid to be successful.

80. (B) New media for health education
New media, including social media platforms, provides public health agencies with powerful tools for real-time communication. During epidemics, these channels allow for the rapid dissemination of updates, guidelines, and preventive information to large audiences. The interactive nature of new media also facilitates engagement and the collection of feedback from the public. This approach enhances the responsiveness of health systems and supports the effective management of public health crises through modern digital communication technologies.

81. (B) They allow for peer support and the sharing of experiences.
Group methods, such as focus group discussions, offer unique advantages for health education by creating a collaborative learning environment. They facilitate peer support and the sharing of personal experiences, which can be highly influential in changing attitudes and behaviors.

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Core elements for program success include:

P. Conducting a thorough needs assessment and setting measurable objectives.

Q. Ensuring active community participation and a clear plan for evaluation.

R. Utilizing a variety of communication methods tailored to the target audience.

These factors combined create a robust framework for professional and sustainable health promotion initiatives in the community.

96. (B) Diagnosis

Communication in health education involves specific methods designed to facilitate learning and behavior change. Lectures, focus group discussions, and counseling are all recognized communication methods used to reach individuals and groups. In contrast, diagnosis is a clinical process performed by healthcare professionals to identify a disease or medical condition. While the results of a diagnosis may be communicated to a patient, the diagnostic process itself is not a method of health education or health communication.

97. (B) E-medicine

Electronic prescribing, or e-prescribing, is a technology-driven system that allows healthcare providers to send prescriptions directly to pharmacies electronically. This process is a significant component of E-medicine, as it uses digital communication to improve the efficiency and safety of medication management. E-prescribing reduces errors associated with handwritten prescriptions, improves care coordination, and provides a clear audit trail for medication use, ultimately enhancing the quality of patient care through the integration of electronic health services.

98. (A) Health educator and the information provided must be trustworthy.

Credibility is a fundamental principle of effective communication in health education. It means that the target audience must perceive the health educator and the information being provided as being honest, expert, and trustworthy. If the source lacks credibility, the audience is less likely to accept the health message or follow the recommended actions. Building credibility involves using evidence-based information, being consistent, and demonstrating respect and empathy for the audience's needs and cultural background.

99. (C) It allows for greater interactivity and user engagement.

New media, including the internet and social media, offers distinct advantages over traditional one-way media like television and print. A primary benefit is the capacity for greater interactivity, allowing users to ask questions, share experiences, and receive personalized feedback. This engagement fosters a more active learning experience and can help to build communities of support. Such interactivity is a powerful tool for health education, as it allows for a more dynamic and responsive exchange of information.

100. (A) 4, 2, 1, 3

Organizing a health education program requires a logical sequence of steps to ensure all necessary structures and resources are in place.

1. Conduct a needs assessment to understand the community context.
2. Define the organizational structure and specific roles for implementation.
3. Allocate the required financial, human, and material resources.
4. Coordinate with all relevant stakeholders and partners.

This orderly approach ensures that the program is well-managed and capable of achieving its goals.

101. (C) Ensuring that practical skills are adequately taught and assessed.

Distance education provides valuable learning opportunities for health professionals but faces significant challenges when it comes to clinical training. An essential ethical and professional issue is ensuring that practical, hands-on skills are taught effectively and assessed rigorously in a remote environment. Without proper supervision and evaluation of manual techniques, there is a risk that students may not achieve the necessary competence for clinical practice, potentially compromising the quality of care and patient safety in the healthcare system.

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obtaining informed consent, ensuring data privacy and security, and navigating physician licensure across different jurisdictions. While technical factors like internet speed can affect the quality of the video consultation, they are not considered fundamental legal or ethical issues in themselves. Understanding the core legal landscape is essential for maintaining professional accountability and protecting patient rights in digital healthcare.

144. (B) Program Goal
A program goal is a broad, long-term statement of the desired outcome for a health initiative. A statement that specifies a significant reduction in a disease over a multi-year period is a perfect example of a goal. It provides the overall direction for the program, which is then broken down into specific, measurable objectives. Having a clear goal is essential for aligning program activities and for measuring the long-term impact and success of public health interventions.

145. (B) a, b, and c only
Health education and promotion utilize several distinct but complementary approaches to influence behavior and improve public health outcomes.
These recognized approaches include:
P. The educational approach, focusing on knowledge and informed choice.
Q. The regulatory approach, utilizing laws and policies to mandate behavior.
R. The service approach, providing health services as an avenue for education.
These methods are not mutually exclusive and are often integrated into a single program for maximum impact, making the assumption of exclusivity incorrect.

146. (A) m-Health
The use of mobile applications to provide personalized health plans and track individual data is a clear application of m-Health. These tools leverage the portability and convenience of smartphones to support individual health management and behavior change. By providing tailored advice on diet and exercise based on user input, m-Health apps empower individuals to take a proactive role in their own health. This integration of mobile technology into daily life is a powerful tool for modern health promotion.

147. (C) Flexibility to adapt the plan based on monitoring and feedback.
While a structured plan is essential for any health education program, the organization must also maintain the flexibility to adapt to changing circumstances. A key principle for success is the ability to adjust program activities and strategies based on ongoing monitoring and feedback from the field. This responsiveness ensures that the program remains relevant and effective in addressing the needs of the community, even as new challenges or opportunities arise during implementation.

148. (D) Source credibility and attractiveness
In communication theory, the characteristics of the sender significantly influence how a message is received. Using a well-known celebrity in a health advertisement leverages the principles of source credibility and attractiveness. People are often more likely to pay attention to and accept a message from someone they admire and perceive as being expert or successful. This strategy is frequently used in mass media health campaigns to increase the visibility and influence of health-related messages among the general population.

149. (C) Evaluation
Evaluation is the systematic process of gathering and analyzing information about a health education program's outcomes and impact. Its primary purpose is to judge the worth or merit of the program and to determine if it has achieved its original objectives. The results of the evaluation provide evidence-based insights that are used to inform future planning, demonstrate accountability to stakeholders, and identify successful strategies that can be replicated in other health promotion initiatives and programs.

150. (A) Both A and R are true and R is the correct explanation of A.
Interpersonal communication, such as one-on-one counseling, is a highly effective method for facilitating complex behavior change in health settings.
The advantages of this method include:
P. Allowing for dynamic two-way interaction and the immediate clarification of doubts.
Q. Enabling the educator to tailor the health message to the individual's unique needs and concerns.

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Q. Considering environmental factors that influence health-related actions and choices.

By focusing on the determinants of behavior rather than just knowledge acquisition, health education programs are more likely to achieve sustainable improvements in public health and individual well-being.

109. (C) A printed booklet or a well-structured website.

The selection of media for health education depends on the complexity of the information and the needs of the audience. For detailed and complex topics that require repeated reference, print media like booklets or digital platforms like well-structured websites are most appropriate. These formats allow the user to go through the material at their own pace and return to it whenever necessary. This accessibility is essential for improving health literacy and ensuring that complicated health advice is correctly understood.

110. (D) Audience segmentation and targeting

Effective health education requires that messages be tailored to the unique characteristics of the target population. Audience segmentation involves dividing a large audience into smaller, more homogeneous groups based on factors such as culture, language, and education level. By targeting these specific segments with customized information and appropriate delivery methods, health educators can ensure that their message is relevant, culturally appropriate, and easily understood, thereby increasing the likelihood of achieving positive health behavior changes.

111. (A) a and c only

E-medicine is a powerful tool for modern healthcare, but its successful implementation depends on specific requirements and considerations.

Factual observations about e-medicine include:

P. Its capacity to significantly improve access to specialist care in rural areas.

Q. The fundamental requirement for a reliable and stable technological infrastructure.

While offering many benefits, E-medicine is not risk-free and carries various legal implications, making it necessary for providers to navigate these complexities to ensure safe and effective clinical care for all patients.

112. (B) Evaluation

The planning cycle for health education is a systematic process that begins with assessment and ends with evaluation. Evaluation is the final step where the program's outcomes and impact are measured against its original objectives. This process is essential for determining the worth or merit of the program and for identifying areas for improvement. The results of the evaluation provide valuable information that can be used to inform future planning, ensuring that health interventions are evidence-based.

113. (B) Two-way communication overcoming a semantic barrier.

Effective communication in healthcare often involves overcoming semantic barriers caused by technical jargon. When a doctor uses simple analogies and drawings to explain a procedure, they are translating complex medical concepts into a form that is easily understood by the patient. This interactive process, which allows for questions and clarification, is an example of two-way communication. By ensuring the patient accurately interprets the information, the doctor facilitates informed consent and improves the overall quality of care.

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114. (B) P-2, Q-4, R-1, S-3

Various approaches are used in health education and promotion to influence community behavior and improve health outcomes.

Examples of these approaches include:

P. Regulatory measures, such as mandatory vaccinations for school entry.

Q. Service-oriented actions, like providing free iron tablets at clinics.

R. Educational activities, exemplified by conducting awareness classes for the public.

S. Primary health care principles, focusing on community participation in planning.

These diverse strategies combined create a comprehensive framework for public health.

115. (C) Coordination among various sectors like health, education, and media.

Large-scale health education programs require the collaborative effort of multiple stakeholders to be successful. A key organizational task is ensuring effective coordination among various sectors, including health departments, educational institutions, and media organizations. By working

102. (B) To increase awareness, change attitudes, and promote healthy behaviors.
Information, Education, and Communication (IEC) activities are central to public health strategies aimed at improving community well-being. The primary objective is to disseminate accurate health information to raise public awareness, influence individual attitudes, and ultimately encourage the adoption of healthy lifestyles. By addressing the knowledge and motivation of the target audience, IEC programs facilitate voluntary behavior change, which is essential for disease prevention and the successful implementation of various health initiatives and public services.

103. (D) A mixed message leading to a communication barrier.
Effective communication requires consistency between verbal and non-verbal messages. When a sender's body language contradicts their spoken words, it creates a mixed message that confuses the receiver, acting as a significant barrier to communication. This inconsistency can undermine the credibility of the health educator and lead to misunderstandings or a lack of trust. To ensure effective delivery of health information, communicators must be aware of their non-verbal cues and ensure they reinforce their verbal message.

104. (A) Any combination of learning experiences designed to help individuals and communities improve their health.
Health education is a professional discipline focused on empowering people to improve their health through informed decision-making and behavior change. It involves a systematic combination of learning experiences tailored to the specific needs of individuals and communities. By providing knowledge, building skills, and influencing attitudes, health education facilitates voluntary actions that lead to better health outcomes. This comprehensive approach is distinct from clinical treatment or legislative regulation, emphasizing empowerment, self-efficacy, and sustainable improvements in community health.

105. (A) Both Statement I and Statement II are true.
Modern health technologies like E-Health and m-Health have significant potential to transform healthcare delivery and public health.
The impact of these technologies involves:
P. Improving access to care and potentially reducing long-term healthcare costs.
Q. Addressing challenges like initial setup costs, maintenance, and the need for training.
Recognizing both the benefits and the implementation hurdles is essential for the successful integration of digital technology into the healthcare system to improve patient outcomes and efficiency.

106. (A) Monitoring
Monitoring is a critical management process used to ensure that a health education program is being implemented as intended. It involves the routine and systematic collection of data on program activities, such as workshops conducted or materials distributed, to track progress against the original plan. This ongoing oversight allows program managers to identify any deviations or problems early and take corrective action, ensuring that the program remains on track to achieve its predefined goals and objectives.

107. (D) Barriers to communication cannot be overcome with careful planning.
Communication in health education is often hindered by various factors, including physical, psychological, and semantic barriers. While these interferences can significantly distort a message, they are not insurmountable. Through careful planning, audience assessment, and the use of appropriate communication strategies, health educators can identify and minimize these barriers. Strategies such as using simple language, ensuring a quiet environment, and being sensitive to the audience's emotional state can all enhance the effectiveness of health communication.

108. (A) Both A and R are true and R is the correct explanation of A.
Health education is a complex field that goes far beyond the mere dissemination of factual information.
To be effective, it must address multiple factors:
P. Building individual motivation and the necessary skills for behavior change.

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P. Interpersonal communication, which involves individual interaction between two people.
Q. Group communication, which targets a specific set of individuals in a shared setting.
R. Mass communication, which reaches a large, anonymous population through broadcast and print.

As the number of people increases, the communication typically becomes more complex and less personalized.

123. (D) Data privacy and informed consent
The collection of personal health data by mobile applications introduces significant legal and ethical responsibilities for developers. The requirement to clearly state how user information is collected, used, and stored is a key aspect of data privacy and informed consent. Users must be fully aware of how their sensitive data will be handled to make an informed decision about using the app. This transparency is essential for protecting patient autonomy and ensuring compliance with data protection laws.

124. (D) All a, b, c, d, and e
The organization and management of a large-scale health education program require the involvement of multiple stakeholders across different levels of society.
Necessary partners for program success include:
P. Government agencies like the Ministry of Health and local community leaders.
Q. Media organizations for information dissemination and teachers for school outreach.
R. Non-governmental organizations for specialized support and field implementation.

Coordinating these diverse entities is essential for a comprehensive and effective health initiative.

125. (C) Non-clinical applications like provider training and continuing medical education.
While the terms are often used interchangeably, telehealth is a broader concept than telemedicine. Telemedicine specifically focuses on the remote delivery of clinical services and patient care. In contrast, telehealth encompasses a wider range of activities, including non-clinical applications such as health professional training, continuing medical education, and administrative meetings held via video conference. Understanding this distinction is important for recognizing the full scope of technology's role in supporting the overall healthcare and educational system.

126. (D) Non-verbal communication
Communication in health settings includes both spoken words and non-verbal cues that convey important information about a patient's feelings and reactions. Frowning and crossing one's arms are significant non-verbal signals that may indicate discomfort, disagreement, or anxiety. A skilled health educator must be able to interpret these cues to understand the patient's perspective and adjust their communication style accordingly. This sensitivity to non-verbal cues is essential for building rapport and ensuring effective two-way communication.

127. (A) Cognitive domain
Educational objectives are categorized based on the type of learning they are intended to achieve. The cognitive domain specifically addresses the acquisition of knowledge, understanding, and the development of intellectual skills. Objectives focused on changing an individual's comprehension of a health topic, such as understanding the risks of a disease, fall into this category. Cognitive objectives provide the foundational knowledge necessary for individuals to make informed health decisions and are a key component of most programs.

128. (B) Resources, including financial, human, and material resources.
Organizing a health education program involves the mobilization and coordination of various resources to achieve its objectives. This includes securing the necessary financial budget, recruiting and training appropriate human staff, and providing the required material resources such as educational tools and equipment. Effective resource management ensures that all components of the program are properly supported and that the initiative is capable of reaching its target audience and achieving its intended impact on community health.

129. (A) Both A and R are true and R is the correct explanation of A.
The effectiveness of a health education program depends on the careful selection of

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While providing many benefits, e-medicine cannot replace in-person visits in all situations, particularly those requiring complex physical assessments or surgical interventions, making a balanced approach necessary.

158. (D) It can reach a large, geographically dispersed audience.
Distance education provides unique advantages for health promotion and professional training by overcoming geographical barriers. A primary benefit is its ability to reach a large and diverse audience distributed over a wide area, which is not possible with traditional classroom-based methods. By utilizing online platforms and broadcast media, health education can be delivered consistently to remote regions, ensuring that everyone has access to vital health information and continuous professional development opportunities regardless of location.

159. (A) a and d only
Media plays a crucial role in health education by serving as a primary channel for disseminating health information and creating public awareness.
Specific examples of this role include:
P. Public health campaigns on television to promote healthy habits.
Q. Government websites providing important health statistics and guidelines.
While video consultations and online professional courses use technology, they are better categorized as clinical services or professional education respectively, rather than general media-based public health education.

160. (B) The participant will be able to list three examples of protein-rich foods.
Cognitive objectives are focused on the acquisition of knowledge and the development of intellectual skills. In a session on nutrition, an objective that requires participants to identify or list specific facts, such as examples of protein-rich foods, is a classic cognitive objective. This level of learning provides the foundational information necessary for individuals to understand health concepts and is a fundamental component of most educational programs aimed at improving public health literacy and awareness.

161. (B) Psychological
Communication is an interactive process that can be influenced by the internal mental state and perceptions of the individuals involved. A psychological barrier occurs when a receiver's pre-existing biases, stereotypes, or emotional states interfere with their ability to accurately receive and process a message. In health education, these biases can lead to resistance or misunderstanding of important health advice. Overcoming these barriers requires health educators to build trust and use empathetic communication strategies with the audience.

162. (B) P-3, Q-4, R-2, S-1
Understanding health communication requires a clear grasp of several interrelated terms and concepts.
Factual pairings include:
P. E-medicine, which encompasses clinical services like tele-consultations.
Q. m-Health, illustrated by tools like SMS reminders for medication.
R. Health education objectives focused on emotions, belonging to the affective domain.
S. Communication barriers caused by language issues, known as semantic noise.
These concepts are essential for designing and managing effective modern health education initiatives and programs.

163. (C) The ability of the community to continue the health-promoting activities after external support is withdrawn.
Sustainability is a key principle for the long-term success of health education programs. it refers to the capacity of a community or organization to maintain and continue health-promoting activities after the initial external funding or support has ended. Achieving sustainability requires active community participation, the building of local capacity, and the integration of the program into existing social structures. This ensures that health improvements are lasting and that the community is empowered to manage its own health.

164. (D) Accreditation and recognition of the institution providing the education.
Distance education programs that offer professional certification in the health sector face significant legal and professional scrutiny.

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136. (A) Reinforce verbal messages and help overcome literacy barriers.
Visual aids, such as posters, flip charts, and diagrams, are important tools in health education that enhance the effectiveness of communication. Their primary purpose is to reinforce verbal messages, making the information more memorable and easier to understand. Visual aids are particularly useful for reaching audiences with low literacy levels, as they can convey health concepts through images rather than text alone. This multimodal approach ensures that health information is more accessible and impactful for all.

137. (C) A complex and unclear reporting structure, causing delays in information flow.
Communication barriers can also arise from the organizational structure within which people work. An organizational barrier occurs when complex hierarchies, unclear reporting lines, or poor communication protocols hinder the smooth flow of information. In a hospital setting, this can lead to delays in patient care, errors in treatment, and frustration among staff. Addressing these structural issues is essential for ensuring efficient and effective communication and for improving the overall quality of healthcare services.

138. (A) The service is of high quality and is provided respectfully.
The service approach to health education relies on providing tangible health services to encourage learning and behavior change. For this approach to be effective, it is crucial that the services provided are of high quality and are delivered in a respectful and patient-centered manner. When individuals have a positive experience with a health service, they are more likely to trust the provider, follow the health advice given, and continue utilizing the services in the future.

139. (D) Statement I is false, but Statement II is true.
m-Health is a versatile and powerful tool that has significant potential to improve healthcare delivery globally.
The impact of m-Health includes:

P. Demonstrating great value in low- and middle-income countries for data collection and patient outreach.
Q. Supporting health workers through mobile communication and diagnostic tools.

While it is useful in high-income settings, its capacity to bridge gaps in areas with limited infrastructure makes it a critical component of public health strategies in developing regions, contrary to misconceptions about its limited use.

140. (B) To disseminate information and create awareness.
The media plays a fundamental role in health education by serving as a primary channel for the dissemination of health information. Its most significant role is to create widespread awareness about health issues, diseases, and preventive measures among the general public. By reaching a large and diverse audience, the media can influence public knowledge and attitudes, set the agenda for health topics, and support social mobilization efforts for various health campaigns and public initiatives.

141. (C) Conducting a needs assessment.
Professional planning for a health education program must be evidence-based and relevant to the community. The essential first step is to conduct a needs assessment, which involves gathering data to identify the specific health problems, educational gaps, and social context of the target population. This foundational process ensures that the program is designed to address the most critical needs, ensuring that resources are used efficiently and that the resulting intervention is effective and impactful.

142. (D) Active listening and effective communication.
Active listening is a crucial skill for healthcare providers that involves fully focusing on, understanding, and responding to the patient. By patiently listening and paraphrasing the patient's concerns, a nurse ensures that they have accurately understood the message. this process builds rapport, reduces misunderstandings, and shows respect for the patient's perspective. Active listening facilitates effective two-way communication, which is essential for providing patient-centered care and for achieving positive health outcomes and patient satisfaction.

143. (A) The speed of the physician's internet connection
E-medicine introduces various legal and ethical challenges that must be addressed to ensure professional and safe clinical care. These include

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together, these agencies can deliver a consistent health message, share resources, and reach a wider audience. This inter-sectoral coordination is essential for addressing the complex social and environmental determinants of health and for achieving sustainable community-wide behavior change.

116. (D) Sensationalizing a new disease, leading to widespread panic and anxiety.
While the media can be a powerful tool for health promotion, it can also have negative impacts if health information is handled irresponsibly. Sensationalizing news about a new disease or health threat can create unnecessary panic and anxiety among the general public. This can lead to irrational behavior and a loss of trust in health authorities. Media organizations have an ethical responsibility to provide accurate, balanced, and evidence-based information to avoid creating harmful health-related anxieties.

117. (C) m-Health
The use of SMS to send health-related alerts and reminders is a common and effective application of m-Health. By utilizing the portability and widespread reach of mobile phones, health systems can directly engage with patients to improve medication adherence and attendance at appointments. This simple yet powerful technology is particularly useful in areas where internet access may be limited, providing a cost-effective way to support chronic disease management and preventive healthcare on a large scale.

118. (B) Planning is what to do and why, while management is how to do it.
In the context of health education, planning and management are distinct but closely related processes. Planning is the strategic phase that focuses on identifying health needs, setting objectives, and determining the overall strategy for a program. Management, on the other hand, is the operational phase that involves organizing resources, supervising staff, and monitoring activities to ensure the plan is executed effectively. Both are essential for the efficient and successful delivery of health initiatives.

119. (D) It is difficult to attribute behavior change solely to the media campaign.
Evaluating the impact of mass media health education campaigns is complex because individuals are exposed to information from many different sources simultaneously. It is often challenging to determine whether a specific behavior change was directly caused by the media campaign or by other social, environmental, or interpersonal factors. This difficulty in attributing causation requires evaluators to use multiple research methods and consider various influencing variables to accurately assess the effectiveness of mass media interventions.

120. (A) Motivational
Communication in health education utilizes various modes to convey messages effectively to the audience. Common modes include verbal communication through speech, non-verbal communication through body language, and visual communication through images and charts. While motivation is a key objective of health education and a factor in how a message is received, it is not considered a mode of communication itself. Understanding these distinct forms of communication is essential for designing effective health education programs and materials.

121. (C) The target audience should be involved in all stages of the program.
Participation is a fundamental principle of effective health education, emphasizing the active involvement of the community in their own health promotion. This principle suggests that the target audience should participate in all stages of a program, including needs assessment, planning, implementation, and evaluation. By involving community members, health educators can ensure that interventions are culturally appropriate and relevant, which fosters a sense of ownership and increases the likelihood of sustainable behavior change and success.

122. (B) 2, 3, 1
Communication in health education occurs in various contexts that differ in their scale and complexity.
The hierarchy of communication contexts includes:

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This personalized approach builds a strong therapeutic relationship and addresses specific barriers, making it much more impactful than generic one-way communication for sustained behavioral adjustments.

151. (D) A traditional paper-based patient file
E-Health is a broad term that refers to the application of information and communication technologies in all areas of health and healthcare. Core components of E-Health include:
P. Electronic Health Records for managing patient clinical data.
Q. Telemedicine platforms for remote consultations and diagnostic services.
R. Hospital Information Systems for managing administrative and clinical workflows.
Traditional paper-based systems are excluded from this category, as they do not involve the electronic processes that define the field of digital health.

152. (A) Community participation and inter-sectoral coordination.
The Primary Health Care approach is a fundamental strategy for achieving health for all, emphasizing essential and accessible healthcare. In the context of health education, this approach highlights the importance of active community participation and the coordination of efforts across various sectors, such as health, education, and agriculture. By involving the community in decision-making and working across departments, this model ensures that health interventions are relevant, sustainable, and address the broad determinants of community well-being.

153. (C) Semantic barrier
Effective communication requires that the sender and receiver attach the same meaning to the words and symbols being used. A semantic barrier occurs when a message is misinterpreted because of differences in language or vocabulary, leading to confusion. In health education, this often happens when complex medical terminology is used with individuals who are unfamiliar with such jargon. Overcoming semantic barriers requires using simple, clear, and culturally appropriate language to ensure the intended message is correctly understood.

154. (A) 2, 3, 1, 4
The communication process involves a series of logical steps to ensure that information is successfully transmitted from a sender to a receiver.
1. Encoding the message into a suitable format by the sender.
2. Transmitting the message through an appropriate channel.
3. Decoding the message by the receiver to understand the meaning.
4. Providing feedback to the sender to confirm receipt and understanding.
This sequential process is fundamental to all forms of effective health communication.

155. (D) Translate the plan into action.
In the context of a health education program, management is the operational phase that follows planning. Its primary objective is to translate the strategic plan into practical action. This involves coordinating all resources, supervising staff, and overseeing the day-to-day implementation of activities. Effective management ensures that the program is delivered efficiently, remains on schedule, and is capable of achieving its predefined health objectives, thereby maximizing the impact of the initiative on the community.

156. (B) Traditional or folk media
Traditional or folk media, such as puppet shows, street theatre, and storytelling, are powerful tools for health education, especially in rural or close-knit communities. These methods are culturally relevant, engaging, and can convey complex health messages in a simple and entertaining way. By using familiar characters and local languages, folk media can effectively address sensitive health topics and social norms, making them highly successful for social mobilization and community-based health promotion initiatives.

157. (D) Statement I is false, but Statement II is true.
E-medicine is a valuable component of modern healthcare, but it is intended to complement rather than completely replace traditional clinical practice.
The role of e-medicine includes:
P. Serving as an effective tool for follow-up care and management of chronic diseases.
Q. Facilitating consultations where a physical exam is not essential for diagnosis.

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communication methods that align with its specific goals.
Strategic considerations for method selection include:

P. Tailoring the choice of media to the characteristics of the target audience.
Q. Matching the complexity of the method to the nature of the objective.

For example, teaching complex manual skills requires interactive, hands-on methods like demonstrations rather than one-way mass media advertisements.

130. (A) Seek, find, understand, and appraise health information from electronic sources.
Digital health literacy is an essential skill in the modern age, where a vast amount of health information is available online. it refers to the ability of individuals to effectively seek out, find, understand, and critically evaluate health information from various electronic sources. High levels of digital health literacy empower people to make informed decisions about their health and avoid the risks associated with misinformation. Promoting these skills is a key objective for modern health education programs.

131. (C) It is often a one-way communication with limited opportunity for feedback.
While mass media is a powerful tool for reaching large audiences quickly, it has inherent limitations for health education. A significant disadvantage is that it is primarily a one-way communication channel, offering limited opportunities for the audience to ask questions or provide immediate feedback. This lack of interaction can make it difficult to clarify misconceptions or address individual concerns. Consequently, mass media is often used in combination with more interactive methods to ensure effective health communication.

132. (D) Understanding and influencing the determinants of behavior.
Behavior Change Communication (BCC) represents an evolution from traditional Information, Education, and Communication (IEC) approaches. While IEC often focuses on the broad dissemination of information, BCC places a much greater emphasis on understanding the complex social, psychological, and environmental determinants of behavior. By using tailored strategies to address these specific factors, BCC aims to not only inform but also systematically influence and sustain positive health behaviors within communities, leading to better long-term outcomes.

133. (C) Ensuring data confidentiality, security, and preventing unauthorized access.
The implementation of Electronic Health Records (EHRs) brings significant benefits but also introduces critical legal and ethical challenges. The primary concern is protecting the confidentiality and security of sensitive patient information. Ensuring that data is stored securely and is only accessible to authorized healthcare providers is essential for maintaining patient trust and complying with privacy laws. Robust security measures and clear policies on data access are mandatory for any electronic system that handles personal health records.

134. (B) A broad, long-term statement of desired outcome, while objectives are specific steps to achieve it.
In program planning, it is essential to distinguish between goals and objectives to ensure a clear strategy. A goal is a broad, long-term statement that describes the overall desired outcome of a program. In contrast, objectives are specific, measurable, and time-bound steps that outline how the goal will be achieved. Objectives serve as the milestones for the program, providing a clear roadmap for implementation and the essential criteria for evaluating success and impact.

135. (A) P-3, Q-4, R-1, S-2
Health concepts and educational domains are applied in various ways to influence individual and community health behavior.
Correct pairings include:

P. Learning a physical skill like using an inhaler is a psychomotor objective.
Q. Developing a positive feeling toward health practices is an affective objective.
R. Acquiring factual knowledge, such as calorie counts, is a cognitive objective.
S. Mandating health behaviors through legislation represents a regulatory approach.

These domains are essential for comprehensive health instruction.

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A primary concern is the formal accreditation and recognition of the institution by relevant regulatory and professional bodies. Ensuring that the education provided meets established quality standards is essential for the legal validity of the certificates. Without proper accreditation, certifications may not be accepted by employers or licensing boards, potentially impacting the students' professional careers.

165. (C) Agenda-setting
The media acts as a powerful agenda-setter by determining which issues receive prominent coverage and public attention. When media outlets choose to report extensively on a specific health topic, such as air pollution, they signal its importance to the public and to policymakers. This visibility can lead to increased awareness, community concern, and changes in health policy. Understanding this function is essential for health advocates who use media strategies to prioritize critical health issues on the public agenda.

166. (B) Monitoring
Monitoring is an essential management function that involves the continuous oversight of program implementation. By reviewing weekly reports from field staff, a program manager can track activities against targets and identify any deviations from the plan. This ongoing process allows for the early detection of problems and the implementation of corrective measures, ensuring that the health education program remains on track to achieve its goals. Monitoring provides the data needed for accountability and for improving program performance.

167. (D) One-on-one counseling
While mass media and group sessions are effective for broad awareness, certain health topics require a more personalized approach. One-on-one counseling is the most suitable method for exploring sensitive or deeply personal health issues in a confidential and supportive environment. This method allows for an intensive, two-way dialogue where the health educator can address specific concerns, clarify doubts, and provide tailored support. The individual attention provided in counseling is essential for facilitating significant behavior change in personal health matters.

168. (A) Both A and R are true and R is the correct explanation of A.
The successful adoption of E-Health technologies depends heavily on the quality of the user experience and interface design.
Factors influencing technology adoption include:
P. The fundamental need for user-centered design to ensure broad acceptance.
Q. The risk that complex or non-intuitive interfaces can act as a major barrier to use.
Regardless of the potential benefits of the technology, if it is difficult to navigate, users are likely to abandon it, making intuitive design a critical factor for success in digital health.

169. (C) That a strategic, dialogue-based approach is needed to foster and sustain behavior change.
Behavior Change Communication (BCC) is a sophisticated approach that recognizes that information alone is rarely enough to change long-term habits. The fundamental concept of BCC is that a strategic, dialogue-based process is necessary to address the complex social and psychological factors that influence health behavior. By engaging individuals and communities in a meaningful exchange, BCC helps to build the motivation and support needed to adopt and sustain healthy practices over time, leading to lasting improvements.

170. (A) It can improve care coordination by providing a comprehensive, shareable patient history.
Electronic Health Records (EHRs) are transformative tools in modern healthcare that improve the way patient information is managed and shared. A key benefit is their ability to enhance care coordination by providing a comprehensive and easily shareable medical history of the patient. This allows multiple healthcare providers to access the same information, reducing the risk of medical errors and ensuring more consistent and efficient treatment. EHRs support a more integrated approach to healthcare, ultimately leading to better outcomes.

171. (D) The message also provides information on how to perform the recommended response (e.g., a quit-line number).
The use of fear appeals in health education is a common strategy, but its effectiveness depends on specific message components. While a fear appeal can raise awareness of a threat, it is

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most successful when it also provides clear and actionable information on how to avoid that threat. For example, a graphic image on a cigarette pack is more effective when paired with a quit-line number. Providing a solution empowers the audience to take positive action, leading to actual behavior change.

172. (B) Surgical Operation
Communication in health education involves specific methods used to share information and facilitate learning. Group discussions, role-playing, and lectures are all recognized techniques used to reach and engage diverse audiences. In contrast, a surgical operation is a clinical medical procedure performed to treat or investigate a condition. While a surgeon may communicate with a patient before or after the procedure, the operation itself is a therapeutic intervention and is not considered a method of health communication or education.

173. (C) Known to Unknown
Effective health education is based on several key principles of learning to ensure that information is successfully understood. The principle of 'Known to Unknown' suggests that educators should build upon the audience's existing knowledge and beliefs when introducing new health concepts. By connecting new information to what people already understand, health educators can make the message more relatable and easier to grasp. This approach respects the audience's experience and facilitates a more effective and meaningful learning process.

174. (D) It encompasses ICT uses including telemedicine, EHRs, m-Health, and health analytics.
E-Health is a comprehensive and multidimensional field that utilizes information and communication technologies (ICT) to support health and healthcare. its broad scope includes various applications such as telemedicine for remote care, Electronic Health Records (EHRs) for data management, and m-Health for mobile-based health services. It also encompasses the use of health analytics and other digital tools to improve public health and clinical processes. Understanding this wide range of applications is essential for recognizing the transformative potential of digital technology.

175. (C) a, b, c, and e only
The management and organization of a health education program involve several interconnected steps that form a complete program cycle.
Core components of this cycle include:
P. Conducting a needs assessment as the initial foundational step.
Q. Planning by setting measurable objectives and structuring the team and resources.
R. Implementing the plan through organized management and oversight.
Evaluation is not a separate activity but a fundamental part of the program cycle used to measure impact and inform future initiatives, making the contrary statement incorrect.

176. (B) The responsibility to provide accurate information and avoid giving specific medical advice to individuals.
Providing health education through social media offers significant opportunities for outreach but also introduces important legal and ethical responsibilities. A major implication is the obligation to ensure that all information provided is accurate and evidence-based. Health professionals must also be careful to avoid providing specific medical advice to individuals in a public forum, as this can create legal liability and clinical risks. Maintaining clear boundaries and focusing on general health education is essential for responsible communication.

177. (B) The process of communication.
Effective communication is often described through a structural model that outlines its essential components and their interactions. This process involves a sender who encodes a message and transmits it through a specific channel to a receiver. The receiver then decodes the message and provides feedback to the sender. Understanding each part of this process is crucial for identifying potential areas of interference and for ensuring that health education messages are successfully delivered and correctly interpreted by the target audience.

178. (A) To help people achieve health by their own actions and efforts.
The primary objective of health education is to empower individuals and communities to take control of their own health outcomes. By providing the necessary knowledge, building

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skills, and fostering positive attitudes, health education helps people make informed decisions and take voluntary actions to promote and maintain their health. This emphasis on self-reliance and empowerment is fundamental to public health, as it leads to more sustainable health improvements and encourages people to become active participants in their own well-being.

179. (C) Their lack of familiarity or comfort with technology (technophobia).
While e-medicine offers many benefits for managing the health of older populations, specific barriers can hinder its adoption. A major challenge is the lack of familiarity or comfort with digital technology among some older adults, often referred to as technophobia. This discomfort can make it difficult for them to navigate apps or video consultation platforms. Addressing this issue requires providing user-friendly technology, technical support, and training tailored to the needs of the elderly to ensure equitable access to digital health services.

180. (D) Target audience, message content, and program objectives.
Selecting the most appropriate methods and media is a critical task in planning a health education program. The choice should be based on a combination of several factors, including the characteristics and preferences of the target audience, the nature and complexity of the health message, and the specific objectives of the program. By aligning the delivery strategy with these key elements, health educators can ensure that their communication is relevant, accessible, and more likely to achieve the desired impact.

181. (D) Statement I is false, but Statement II is true.
The organization of a health education program is a dynamic and ongoing administrative process. Key organizational requirements include:

P. Establishing a clear structure of roles and responsibilities during the planning phase.
Q. Maintaining ongoing coordination, communication, and adaptation throughout the program's lifecycle.

Rather than being a one-time activity, effective organization requires continuous management to address emerging challenges and ensure that all program components work together efficiently to achieve the intended goals for community health improvement.

182. (B) The learner will appreciate the importance of a balanced diet for long-term health.
Affective objectives in health education target the emotional side of learning, focusing on changes in attitudes, values, and feelings. An objective that requires a learner to appreciate or value a health behavior, such as a balanced diet, falls into this category. These objectives are important because they address the internal motivations that drive behavior. By fostering a positive appreciation for healthy practices, educators can encourage a deeper and more sustainable commitment to positive health choices among participants.

183. (D) Poor acoustics in a room
Communication can be disrupted by several types of barriers that interfere with the message. A physical barrier occurs when environmental factors, such as poor acoustics, loud background noise, or a physical distance between the sender and receiver, hinder the transmission of the message. These interferences can make it difficult for the audience to hear or focus on the information being provided. Addressing physical barriers by selecting an appropriate venue is essential for ensuring effective and clear health communication.

184. (A) To visually represent the schedule of tasks and track progress over time.
In the management of health education programs, tools like timelines or Gantt charts are essential for effective scheduling and oversight. These tools provide a visual representation of all program tasks, their expected duration, and their logical sequence. By using a Gantt chart, program managers can track progress in real-time and identify any delays or scheduling conflicts early. This organized approach ensures that activities are completed on time and that resources are managed efficiently throughout the program's implementation.

185. (A) P-4, Q-3, R-1, S-2
Digital health technologies are applied in various ways to support healthcare delivery, data management, and professional education.
Proper pairings of these technologies include:

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213. (B) P-2, Q-4, R-1, S-3
Various communication methods are used in health education to reach different audience sizes and cultural contexts.
Correct pairings of these methods include:
P. Individual communication, exemplified by one-on-one counseling.
Q. Group communication, often delivered through interactive workshops.
R. Mass communication, reaching large audiences via radio spots.
S. Traditional communication, utilizing culturally relevant street plays.
Selecting the right combination of these methods is essential for an effective and inclusive health education strategy that addresses diverse community needs.

214. (B) THE message being sponsored by a company with a vested interest (e.g., a tobacco company sponsoring a "healthy living" campaign).
The credibility of a health education message is fundamental to its success. It can be severely undermined if the source of the message is perceived to have a conflict of interest. For example, if a company that profits from unhealthy products sponsors a health promotion campaign, the audience may question the honesty and motives of the information provided. Maintaining credibility requires that health messages be independent, evidence-based, and free from any commercial or political bias that might mislead the public.

215. (D) Obtaining and documenting informed consent.
In the practice of e-medicine, obtaining informed consent is a critical legal and ethical requirement that must be completed before a consultation begins. It ensures that the patient understands how the teleconsultation will work, the potential risks of remote care, and the privacy measures in place. Healthcare providers must not only obtain this consent but also document it clearly in the patient's medical records. This process protects patient autonomy and provides a legal safeguard for the physician.

216. (A) Establishing a clear structure of roles and responsibilities for THE implementation team.
Organizing a health education program involves creating a structured framework to ensure that all activities are carried out efficiently. A key aspect of this task is establishing a clear organizational structure that defines the specific roles and responsibilities of each team member. When everyone knows their duties and the chain of command, it prevents confusion and ensures accountability. This organized approach is essential for the effective coordination of human resources and for the successful delivery of the health initiative.

217. (C) THE use of unfamiliar medical jargon - Semantic barrier
Communication barriers in health education are classified into different types based on the nature of the interference. A semantic barrier occurs when the meaning of a message is lost or distorted because of the language used. The use of unfamiliar medical jargon is a classic example of a semantic barrier, as it prevents the layperson from accurately interpreting the technical terms. To ensure effective communication, health educators must translate complex concepts into simple, clear language that is accessible to the audience.

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218. (C) a, b, and c only
The media plays a multifaceted role in health education, offering significant opportunities and certain risks.
Factual roles of the media include:
P. Helping to reduce the social stigma associated with specific health conditions.
Q. Serving as a channel for both accurate information and the rapid spread of misinformation.
R. Using entertainment-education strategies to influence behavior through engaging storylines.
Contrary to misconceptions, the media has a powerful influence on the attitudes and behaviors of all demographic groups, including children and adolescents.

219. (D) Practice (Physical skills)
Learning objectives in health education are categorized into three main domains. The psychomotor domain specifically focuses on the acquisition and mastery of manual and physical skills. The 'P' relates to the practice and performance of physical tasks that require coordination and precision, such as learning

192. (B) Ensuring information is accurate, evidence-based, and not misleading.
Mass media is a powerful tool for health education, but it also carries significant ethical responsibilities. The most important obligation is to ensure that all information disseminated is accurate, evidence-based, and not misleading. Providing incorrect or sensationalized health information can lead to public confusion, unnecessary anxiety, and harmful health behaviors. Media organizations and health professionals must work together to maintain high standards of factual accuracy to protect public health and maintain the credibility of health messages.

193. (B) Behavior Change
The acronym IEC (Information, Education, and Communication) is frequently expanded to IECC or IEC/BCC to highlight a critical shift in public health strategy. The addition of 'Behavior Change' (BC) emphasizes that the ultimate goal of these activities is not just to inform the public but to foster and sustain actual changes in health behavior. This focus acknowledges that information alone is often insufficient and that a more strategic approach is needed to influence the complex determinants of actions.

194. (A) It is only useful for entertainment, not for serious health applications.
Mobile health, or m-Health, is a serious and rapidly growing field within the broader E-Health ecosystem. It involves the use of mobile devices such as smartphones and tablets for various health applications, including patient monitoring, health surveys, data collection, and providing reminders for medication or appointments. contrary to misconceptions, m-Health is a powerful tool for improving healthcare delivery and public health, especially in areas with limited traditional infrastructure, and is much more than a source of entertainment.

195. (B) a, b, and c only
Communication methods in health education are classified as either one-way or two-way based on the level of interaction between the sender and the receiver.
Methods that allow for immediate, two-way feedback include:

P. Individual counseling, which focuses on a personalized dialogue.
Q. Group discussions, where participants can interact and share ideas.
R. Role-playing, which involves active engagement and feedback from participants.

Mass media methods like advertisements or public lectures typically provide very limited opportunity for interactive feedback.

196. (D) Needs Assessment (Epidemiological assessment)
The needs assessment phase of program planning often includes an epidemiological assessment to understand the scope of the health problem. This involves identifying who is affected by the issue, what the specific health problems are, and where and when they are occurring. By gathering this data, planners can determine the severity of the problem and identify the specific factors that need to be addressed. This information is essential for setting relevant goals and designing effective health interventions.

197. (C) E-Health
E-Health encompasses a wide range of digital technologies that empower patients to take a more active role in their own healthcare. One key aspect is the use of patient portals, which are secure online websites that give patients 24-hour access to their personal health information. Through these portals, individuals can view their medical records, manage appointments, and communicate with their healthcare providers. This application of E-Health enhances patient engagement, improves communication, and supports better self-management of health.

198. (B) THE difficulty in providing and assessing hands-on, practical experience.
While distance education is effective for teaching theoretical knowledge, it faces significant challenges in clinical and technical training. A major hurdle is the difficulty in providing and assessing the hands-on, practical skills that are essential for many health professions. Mastery of manual procedures requires direct supervision, practice, and immediate feedback, which can be hard to replicate in a purely remote environment. Addressing this challenge requires innovative approaches, such as blended learning models that combine online and in-person instruction.

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199. (D) Credible, expert, and trustworthy.
The characteristics of the source play a crucial role in determining whether a health message will be accepted by the audience. A message has a much higher chance of being effective if the source is perceived as being credible, expert, and trustworthy. People are more likely to listen to and follow the advice of someone who has recognized knowledge and whose motives are seen as honest. Building this trust is essential for health educators to influence public attitudes and behaviors.

200. (A) To achieve a positive and sustained change in health behavior.
The ultimate goal of most health education programs is to facilitate a positive and long-lasting change in the health behaviors of individuals and communities. While increasing knowledge and changing attitudes are important steps in the process, they are not the final objectives. Sustainable behavior change is what leads to improved health status, reduced disease incidence, and a better quality of life. Achieving this requires a comprehensive approach that addresses the various psychological, social, and environmental factors that influence healthy actions.

201. (C) It has limited reach and is time-consuming per person.
The individual or one-to-one method of health education, such as counseling, is highly effective for tailoring messages and supporting personal behavior change. However, it also has significant limitations. A primary drawback is that it has a very limited reach compared to group or mass media methods, as it can only address one person at a time. This makes the individual method very time-consuming and resource-intensive, making it difficult to use as the sole strategy for large-scale public health programs.

202. (D) Statement I is false, but Statement II is true.
Management is a continuous and essential function that spans the entire lifecycle of a health education program.
The role of management during implementation includes:

P. Providing ongoing supervision and technical guidance to the staff.
Q. Monitoring activities to ensure they are on schedule and of high quality.
R. Solving problems and making adjustments to the plan as challenges arise.

Effective management does not end once implementation begins; rather, it ensures that the program is executed correctly and remains capable of achieving its goals.

203. (D) m-Health is a subset of E-Health.
E-Health and m-Health are closely related concepts that describe the use of technology in healthcare. E-Health is the broader umbrella term that encompasses all applications of information and communication technologies (ICT) to support health and health-related fields. In contrast, m-Health specifically refers to the use of mobile and wireless technologies, such as smartphones and wearable devices, to deliver health services and information. Therefore, m-Health is considered a specialized and significant subset of the overall E-Health framework.

204. (B) Psychological
Communication can be hindered when the amount of information provided exceeds the receiver's capacity to process it. Information overload is a psychological barrier that occurs when a person is overwhelmed by too much data, leading to confusion, fatigue, and a failure to absorb key messages. In health education, this can happen if an educator provides too many complex instructions at once. To avoid this barrier, information should be delivered in clear, concise, and manageable portions tailored to the audience.

205. (C) Audience segmentation
Effective health education requires that messages be tailored to the specific needs and characteristics of the target population. Audience segmentation is the process of dividing a large, diverse audience into smaller, more homogeneous groups based on shared factors like age, gender, education, or health status. This allows program planners to develop more relevant and impactful messages and select the most appropriate delivery methods for each group, thereby increasing the overall effectiveness and cultural appropriateness of the health initiative.

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206. (A) 4, 2, 3, 1
Conducting a tele-consultation involves a series of logical steps to ensure that the process is ethical, secure, and medically effective.
1. Obtain informed consent from the patient for the remote consultation.
2. Initiate the video call using a secure and appropriate platform.
3. Facilitate a detailed discussion of the patient's symptoms and history.
4. Provide a diagnosis and issue an e-prescription if necessary.

Following this sequence ensures patient autonomy and professional accountability in digital healthcare.

207. (A) It involves compulsion and force.
Health education is rooted in the philosophy of empowerment and respects the principle of individual autonomy. it is a systematic process of learning aimed at facilitating voluntary behavior change through informed decision-making. Unlike regulatory or coercive measures, health education does not involve the use of force or compulsion to make people healthy. Instead, it provides the necessary knowledge and skills to help individuals and communities take proactive responsibility for their own health and well-being.

208. (B) Ensuring consistent messaging across different regions and partners.
Large-scale national health education programs involve multiple partners and organizations working across diverse regions. A major organizational challenge is ensuring that the health message remains consistent and accurate across all channels and locations. Inconsistent messaging can lead to public confusion and a loss of trust in the health campaign. Achieving consistency requires clear communication protocols, standardized educational materials, and effective coordination among all stakeholders to ensure that a unified and impactful message is delivered.

209. (A) Both A and R are true and R is THE correct explanation of A.
Active community participation is a fundamental principle that underpins the success of effective health education initiatives.
The benefits of involving the community include:
P. Ensuring that the program is culturally relevant and meets actual community needs.
Q. Increasing the local acceptance and sustainability of the health activities.

When community members are involved in the planning and implementation process, they are more likely to feel a sense of ownership, which motivates them to participate and sustain healthy behavior changes over the long term.

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210. (A) Television documentary
Communication methods are categorized based on their intended audience reach and the medium of delivery. A television documentary is a classic example of mass communication, as it uses a broadcast channel to reach a very large and geographically dispersed audience simultaneously. Unlike interpersonal methods like counseling or group demonstrations, mass media methods like documentaries are typically one-way and are designed to raise broad awareness and influence public opinion on a wide range of health-related topics.

211. (C) Affective
Educational objectives are classified into three primary domains of learning to ensure comprehensive instruction. The cognitive domain deals with knowledge, and the psychomotor domain focuses on physical skills. The 'A' stands for the affective domain, which specifically addresses the emotional components of behavior, including an individual's attitudes, values, interests, and beliefs. By targeting the affective domain, health educators aim to influence the internal motivations and emotional responses that drive long-term behavior change and health-related choices.

212. (D) Concerns about data privacy and how personal health information is used.
The widespread adoption of m-Health apps is often hindered by significant concerns regarding the security of sensitive personal health information. Many users are worried about how their data is being collected, who has access to it, and how it might be used by third parties. Protecting data privacy and ensuring robust security measures are essential for maintaining public trust and for the legal compliance of health applications. Transparency about data handling is a key factor in user acceptance.

Q. Using interactive methods like demonstrations and supervised practice for manual skills.

Mastering physical tasks requires hands-on experience and immediate feedback, which are best provided through practical, group-based, or individual instruction rather than one-way broadcast media, which is better suited for broad awareness and general knowledge.

227. (C) THE importance of selecting a method appropriate for THE target audience.

Selecting the right method and media is crucial for the success of any health education initiative. A health educator who uses a puppet show for young children is demonstrating an understanding that children learn best through engaging, visual, and entertaining methods. By tailoring the delivery to the audience's developmental level and interests, the educator ensures that the health message is accessible and more likely to be remembered and acted upon, leading to better long-term health habits.

228. (D) A process to promote and sustain behavior change.

Behavior Change Communication (BCC) is a strategic and systematic process used to promote positive health outcomes. It goes beyond simple information dissemination by using tailored messages and multiple channels to influence the social and psychological factors that drive behavior. BCC is grounded in behavioral theories and focuses on understanding and addressing the complex determinants of actions. Its ultimate goal is to foster and sustain positive behavioral changes within individuals and communities to improve their overall health.

229. (C) A mobile app for monitoring blood glucose levels.

m-Health, or mobile health, is a subset of E-Health that specifically focuses on the use of mobile and wireless technologies for health-related purposes. A mobile application that allows patients to monitor their blood glucose levels is a classic example of m-Health. These tools leverage the portability and real-time connectivity of smartphones to support self-management of chronic conditions. By providing personalized data and feedback, m-Health apps empower individuals to take an active role in managing their health.

230. (B) People will not learn if THE topic is not related to their interests and needs.

Interest is a fundamental principle of effective learning in health education. It suggests that individuals are much more likely to engage with and retain health information if the topic is directly related to their own needs, concerns, and interests. If a message is perceived as irrelevant, the audience is likely to ignore it. Therefore, health educators must conduct needs assessments to understand the community's priorities and design programs that address the specific health issues they care about.

231. (D) All a, b, c, d, and e

The adoption of m-Health technology is influenced by several interrelated factors that can act as significant obstacles to its success.

Key barriers to m-Health adoption include:

P. Technological issues like a lack of internet access and poor interface design.

Q. Individual factors such as low digital literacy and the high cost of devices.

R. Legal and ethical concerns regarding the privacy and security of health data.

Addressing all these challenges is essential for ensuring that mobile health solutions are accessible and accepted by the population.

232. (A) Tele-radiology, a form of telemedicine

Telemedicine utilizes electronic communication to bridge the gap between patients and medical specialists in different locations. Tele-radiology is a specific application of this concept, where medical images like X-rays are transmitted electronically for interpretation by a radiologist who is not physically present at the clinical site. This technology improves access to specialized diagnostic expertise, particularly for rural clinics, and facilitates faster and more efficient patient care by allowing for remote review and consultation through digital networks.

233. (C) Knowledge

KAP studies are a common research tool used in the planning and evaluation of health education programs. The acronym stands for Knowledge, Attitudes, and Practices. These studies gather data on what people know about a health

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how to use a medical device or perform a health-related procedure. Psychomotor objectives are essential for clinical training and for helping individuals develop the practical skills needed to manage their own health effectively.

220. (B) Promote, maintain, and restore health through educational activities
The primary aim of health education is to improve the overall well-being of individuals and communities by promoting healthy lifestyles and preventing disease. This is achieved through systematic educational activities designed to provide knowledge, influence attitudes, and build skills. Health education works to maintain health in the healthy and restore health in those who are ill by encouraging appropriate health-seeking behaviors and the adoption of healthy practices. It focuses on empowerment through learning rather than direct medical treatment.

221. (C) Individual counseling
Communication in health education utilizes various methods depending on the size of the target audience. Group methods are designed to reach multiple people simultaneously and include techniques like lectures, symposia, and role-playing. These methods facilitate social interaction and peer learning. In contrast, individual counseling is a one-on-one communication method focused on a single person's unique needs and concerns. Understanding this distinction is essential for selecting the most appropriate and effective communication strategy for a specific health program.

222. (D) E-Health
E-Health is a comprehensive term that describes the use of modern information and communication technologies (ICT) to support and enhance healthcare and public health. it encompasses a wide range of digital tools and processes, including electronic medical records, telemedicine, mobile health applications, and health-related data analytics. By integrating technology into health systems, E-Health aims to improve the efficiency, safety, and accessibility of medical services and to provide better health information for both professionals and the general public.

223. (A) It allows THE sender to gauge THE receiver's understanding.
Feedback is an essential component of the communication process that turns a one-way message into a two-way exchange. It allows the sender to verify that the message was received and accurately understood by the receiver. In health education, feedback enables the educator to identify any misconceptions, answer questions, and adjust their teaching strategy in real-time. This interactive process ensures that the health information is effective and that the learning objectives are being met for the audience.

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224. (B) Measurable
The 'SMART' framework is used in health education to ensure that program objectives are well-defined and achievable. The 'M' stands for 'Measurable,' which means that the objective must be stated in a way that allows progress and success to be clearly quantified. Measurable objectives specify the amount of change expected and the criteria for success. This is essential for the effective evaluation of a program, as it provides the data needed to determine if the intended outcomes.

225. (B) Differences in medical malpractice laws and physician licensure.
Cross-border telemedicine introduces significant legal and professional complexities for healthcare providers. A major concern is navigating the different medical malpractice laws and physician licensure requirements in each country. A doctor providing remote services may be subject to the regulations of both their own location and the patient's location. Understanding these legal differences is essential for maintaining professional accountability and ensuring that patients receive a standard of care that is legally recognized and protected across international borders.

226. (D) Statement I is false, but Statement II is true.
Effective teaching methods in health education are selected based on the nature of the learning objective.
Considerations for skill development include:
P. Recognizing that mass media is often ineffective for teaching complex practical procedures.

P. Electronic Health Records (EHRs), which focus on clinical data management.
Q. Tele-dermatology, a classic example of remote clinical e-medicine.
R. SMS reminders, which are a common application of m-Health.
S. Online courses, which serve the goals of health-related distance education.

These diverse tools together form the modern digital health ecosystem.

186. (A) Providing individuals and communities with the knowledge and skills to take control of their own health.
Empowerment is a core concept in health education that aims to shift the focus from a top-down approach to one that enables individuals to manage their own well-being. It involves providing people with the factual knowledge and practical skills needed to take control of the factors that influence their health. By increasing self-efficacy and agency, empowerment helps individuals and communities make informed decisions, advocate for their needs, and take proactive steps toward achieving healthier lifestyles and outcomes.

187. (D) Evaluation
Effective communication in health education involves several distinct modes, which describe the form the message takes. These include written communication using text, verbal communication through spoken words, and visual communication through images. While evaluation is a critical step in the overall health education program cycle, it is a management process used to measure impact rather than a mode of communication. Understanding these different forms is essential for designing appropriate educational materials and selecting the right strategies for the target audience.

188. (B) Regulatory approach
The regulatory approach to health promotion involves the use of laws, policies, and mandates to influence health behavior on a large scale. A law requiring the iodization of salt is a perfect example, as it ensures that the entire population receives essential nutrients through a mandatory standard. This approach creates an environment that supports health by making healthy choices the default or legally required option, effectively reducing the prevalence of deficiency disorders without relying solely on individual education.

189. (C) They can facilitate rapid data collection, surveillance, and information dissemination.
E-Health technologies are indispensable tools for managing large-scale public health crises such as pandemics. They allow for the rapid collection and analysis of data, which is essential for disease surveillance and monitoring the spread of infection. Additionally, E-Health platforms facilitate the quick dissemination of accurate information and guidelines to both healthcare providers and the general public. This technological capacity enhances the responsiveness of the health system and supports effective crisis management through real-time communication.

190. (A) Both A and R are true and R is the correct explanation of A.
Developing a clear and realistic budget is a fundamental component of the planning process for any health education program.
The role of a budget includes:
P. Ensuring that all planned activities are financially feasible and sustainable.
Q. Providing a framework for the effective allocation of human and material resources.

Without a well-defined budget, it is difficult to secure funding, manage expenditures, or track the efficient use of resources. Therefore, financial planning is essential for the overall organization and success of the program.

191. (A) Ensure cultural relevance and overcome socio-cultural barriers.
Effective health education must be sensitive to the cultural and social context of the audience. By using local proverbs, stories, and cultural symbols, a health educator can make the information more relatable and easier to understand. This approach helps to overcome socio-cultural barriers that might otherwise lead to resistance or misunderstanding of the message. Integrating local culture into health communication builds trust and ensures that the information is meaningful and acceptable to the target community.

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topic, their feelings and beliefs toward it, and their actual health-related behaviors. The 'K' specifically focuses on measuring the level of factual information and understanding within the target population, which provides a baseline for designing targeted educational interventions and strategies.

234. (A) THE strategic use of media to advance a social or policy initiative related to health.
Media advocacy is a strategic communication approach used by public health professionals to influence public opinion and policy. It involves the intentional use of media to bring attention to specific health issues and to advocate for social or legislative changes that promote health. Unlike traditional health education, which often focuses on individual behavior, media advocacy targets policymakers and the social environment. By framing health issues as public policy matters, it aims to create environments that support healthy choices for all.

235. (D) Program Goal
In the hierarchy of program planning, a goal is a broad, long-term statement that describes the overall desired outcome of a health initiative. A statement focused on reducing malnutrition in a whole district is a perfect example of a goal. It provides the broad direction for the program, which is then achieved through more specific, measurable objectives. Having a clear and inspiring goal is essential for motivating stakeholders and for aligning all program activities toward a common purpose.

236. (B) Immediate feedback and interaction
Communication in health education is classified as either one-way or two-way based on the level of interaction between the participants. The most significant difference is that two-way communication involves an interactive exchange that allows for immediate feedback and dialogue. This interaction facilitates the clarification of doubts, encourages active participation, and ensures that the message is correctly understood. Two-way methods, like counseling and group discussions, are generally more effective for changing complex attitudes and behaviors than one-way methods.

237. (C) THE integrity of assessments and preventing cheating in an online environment.
Distance education programs that lead to professional certification must maintain high academic and ethical standards. A major challenge is ensuring the integrity of assessments and preventing cheating in an online environment where direct supervision is difficult. Effective assessment strategies, such as using proctored exams or project-based evaluations, are essential for verifying that students have actually achieved the required knowledge and competence. maintaining this integrity is crucial for the credibility of the certification and for ensuring professional standards.

238. (A) Both A and R are true and R is THE correct explanation of A.
Comprehensive health education programs typically require a strategic combination of multiple communication methods to be effective. The advantages of a multimodal approach include:

P. Using mass media to quickly raise broad awareness about health issues.
Q. Employing group methods and individual counseling for deeper engagement and support.

By utilizing different channels for awareness, reinforcement, and personal support, health educators can reach a wider audience and address the diverse needs and learning styles of participants, leading to more sustainable and successful behavior change.

239. (A) Effective leadership and coordination.
The successful organization of a health education program depends heavily on strong leadership and effective coordination among all team members and partners. Leadership provides the vision and direction for the program, while coordination ensures that all activities are aligned and that resources are used efficiently. Good organizational management facilitates clear communication, prevents duplication of efforts, and allows the program to respond effectively to any challenges. These administrative factors are essential for translating a plan into a successful health intervention.

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254. (D) An active participant who is empowered to make informed choices.
In the health education process, individuals are viewed as active participants rather than passive recipients of instructions. The objective is to provide them with the motivation and confidence needed to take independent, health-improving actions. This empowerment allows individuals to make informed choices that benefit their own health and the overall well-being of their communities.

255. (C) It is an adaptable process that responds to changing community needs.
Health education is characterized as a continuous and dynamic process that remains flexible over time. It evolves to meet the specific health needs and socio-cultural contexts of the populations it serves. This adaptability ensures that the educational strategies remain relevant and effective, bridging the gap between evolving medical information and practical, real-world health applications.

256. (B) The educational approach
The educational approach functions on the assumption that providing knowledge and ensuring understanding leads to voluntary behavioral changes. This strategy prioritizes individual autonomy and freedom of choice by empowering people with information. It contrasts with coercive methods by relying on personal conviction and informed decision-making to achieve public health goals through self-motivated, sustainable actions.

257. (D) The regulatory approach
Implementing laws and policies to promote public health represents the regulatory approach. This strategy, also known as the coercive approach, seeks to achieve widespread compliance by imposing specific mandates or regulations on manufacturers or individuals. While it can influence health outcomes rapidly, it is distinct from educational strategies because it relies on enforcement rather than voluntary choice.

258. (A) It can be perceived as an infringement upon personal freedoms.
While the regulatory approach is effective at achieving broad compliance through laws and policies, it faces criticism for its restrictive nature. It can be perceived as an infringement on individual liberties and personal autonomy. Unlike educational strategies that focus on voluntary changes, regulations mandate specific behaviors, which some populations may view as a coercive overreach by authorities.

259. (C) The service approach
The service approach operates on the principle that individuals will utilize health-promoting services if they are made convenient and accessible. Providing free vaccination clinics or mobile medical units directly in underserved areas exemplifies this strategy. By removing barriers to access, health educators encourage participation without relying solely on individual behavioral changes or the imposition of legal mandates.

260. (A) A blended strategy combining multiple approaches is often most effective.
Effective health promotion typically involves a strategic combination of different approaches tailored to specific health issues and cultural contexts. While educational, regulatory, and service-based strategies each have distinct merits, integrating them ensures a more comprehensive impact. This multifaceted methodology addresses various barriers to health, ranging from lack of knowledge and access to the need for policy-level support.

261. (D) They allow for personalized interaction and addressing sensitive issues.
Individual communication methods, such as counseling and personal interviews, facilitate a personalized dialogue between the educator and the recipient. This approach is particularly effective for addressing sensitive or private health concerns that might not be comfortably discussed in a group. It allows for immediate feedback and tailored guidance, ensuring that specific individual needs and barriers are addressed.

262. (B) A mass method
Mass communication methods utilize media channels like television and radio to disseminate health messages to vast audiences simultaneously. These methods are highly efficient for raising general awareness about public health issues, such as national vaccination campaigns. Although they are typically one-way and offer

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resources are used effectively and that the health intervention is relevant, feasible, and capable of success.

247. (D) E-medicine and E-Health
The transition to digital health systems introduces significant legal and ethical challenges regarding the protection of sensitive patient information. Maintaining the confidentiality and security of health records is a major issue in E-medicine and E-Health. Electronic data is vulnerable to unauthorized access and breaches, which can have serious consequences for patients. Healthcare organizations must implement robust security protocols and comply with data protection laws to ensure that patient information remains private and to maintain public trust in digital systems.

248. (A) Mass media with group communication.
Effective health education often uses a combination of different methods to maximize impact. Using a video to deliver a standardized message to a group of people is an application of mass media. When this is followed by a facilitated discussion, the session incorporates the advantages of group communication, such as peer interaction and the clarification of doubts. This multimodal approach ensures that information is delivered consistently and that participants have the opportunity to engage with the material and address their specific concerns.

249. (C) Communication
The acronym IEC represents a strategic approach used in public health to promote positive behavior change. 'I' stands for Information, 'E' for Education, and 'C' stands for Communication. Together, these components aim to raise awareness, change attitudes, and encourage the adoption of healthy lifestyles. Communication refers to the interactive exchange of messages through various channels. By using culturally appropriate and targeted communication strategies, IEC programs facilitate the dissemination of health information and support individuals in making healthier choices for their own well-being.

250. (A) Using a smartphone app to track medication adherence.
Mobile health, or m-Health, involves the application of mobile technology to support clinical care and public health practices. A smartphone application that allows users to monitor their medication schedule and receive reminders is a practical implementation of this concept. Such tools empower patients to manage their treatments more effectively while providing healthcare providers with valuable data. This integration of portable digital technology into daily life illustrates how m-Health can support chronic disease management and improve overall health outcomes through engagement.

251. (B) To close the divide between possessing health information and applying it in practice.
Health education focuses on bridging the gap between existing health knowledge and actual health practices. It seeks to empower individuals and communities to move beyond passive reception of information to active engagement. By fostering motivation and skills, the process ensures that health information translates into voluntary, lasting behavioral changes that improve overall well-being.

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252. (A) Lasting behavioural change is founded on personal understanding and conviction.
The core philosophy of health education relies on the principle that sustainable change is rooted in personal understanding rather than coercion. Informed individuals are better equipped to make choices conducive to their well-being. This empowerment approach ensures that health-improving actions are voluntary and based on conviction, making the resulting lifestyle modifications more durable and effective.

253. (C) The process integrates a variety of methods to influence knowledge and attitudes.
Describing health education as a composite of learning experiences implies it is not limited to a single teaching method. Instead, it utilizes various educational strategies designed to influence knowledge and attitudes across different contexts. This multifaceted approach involves a combination of interactive and informative methods to ensure effective learning and community-level empowerment for better outcomes.

diagnosis identifies the specific health problems, available resources, and priorities of the target community. Without this thorough investigation, subsequent program objectives and strategies may lack relevance. Effective planning ensures that the intervention is tailored to meet the actual needs of the people.

272. (B) Program objectives
The SMART acronym describes the essential characteristics of well-formulated program objectives. These objectives must be specific, measurable, achievable, relevant, and time-bound. Utilizing this framework during the planning phase allows health educators to set clear goals that can be systematically tracked. This clarity is vital for measuring the program's success and ensuring that resources are directed toward attainable health outcomes.

273. (D) Executing the action plan through efficient resource use and monitoring.
Management in health education is primarily focused on the execution of the action plan through the efficient mobilization and use of resources. This involves overseeing personnel, finances, and materials while continuously monitoring progress against established timelines. Effective management also includes problem-solving to address unforeseen challenges, ensuring that the program's activities remain aligned with its original goals and SMART objectives.

274. (A) To structure the team and coordinate among stakeholders.
The organization component refers to the structuring of human resources within a health program. It involves defining clear roles, responsibilities, and lines of communication among team members and external stakeholders. By establishing this framework, the organization ensures a cohesive and synergistic effort. This coordination is essential for maintaining accountability and ensuring that all parties work together effectively toward common goals.

275. (C) What can be inferred about the relationship between planning, management, and organization?
Planning, management, and organization are sequential and interconnected phases that are all essential for the success of a health education program. Planning sets the foundation through needs assessment and objective setting, while organization provides the team structure. Management then executes the plan by directing resources and monitoring progress. Each phase relies on the others to translate conceptual goals into results.

276. (A) They can reach broad and diverse audiences to raise general awareness.
Traditional media, such as television, radio, and print, excel at reaching broad and diverse audiences on a mass scale. These platforms are highly effective for raising general awareness about critical public health issues like immunization and sanitation. By broadcasting messages to a wide demographic, traditional media can quickly disseminate foundational health information, making it a powerful tool for large-scale education.

277. (D) It has enabled more interactive, targeted, and real-time engagement.
The rise of new media, particularly social media platforms, has revolutionized health communication by enabling more interactive and targeted engagement. Unlike traditional one-way communication, digital platforms allow health educators to interact with specific demographics in real-time. This interactivity facilitates discussions and provides immediate updates, allowing for a more dynamic and personalized approach to health education and information dissemination.

278. (B) The rapid spread of misinformation and disinformation.
A significant challenge associated with the use of media in health education is the rapid spread of misinformation and disinformation. False or misleading health facts can circulate just as quickly as credible information, leading to public confusion and mistrust. This environment requires health educators to be vigilant and emphasizes the need for media literacy among the public to evaluate sources.

279. (C) The capacity to distinguish credible sources from unreliable ones.
In the modern media environment, it is essential for the public to develop strong media literacy skills. This involves the capacity to

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limited opportunity for clarification, their ability to reach large populations quickly makes them a vital tool.

263. (C) The channels used to transmit the message.
Communication modes refer to the specific channels through which health messages are transmitted from the sender to the receiver. These modes encompass verbal communication, such as speech and writing, as well as non-verbal cues like body language. Additionally, visual modes like charts and posters serve as important tools to simplify complex health information and overcome literacy barriers.

264. (D) Overcoming literacy challenges and simplifying information.
Visual modes of communication, including charts, posters, and models, are powerful instruments for simplifying complex medical information. They are especially effective in environments where literacy barriers exist, as they can convey essential concepts without relying solely on written text. By using visual aids, health educators can enhance message retention and ensure that critical health instructions are understood by all.

265. (A) They strategically combine different methods and modes for greater impact.
A skillful health educator understands the importance of using a synergy of different communication methods and modes to amplify message impact. By combining group discussions with visual aids or individual counseling with written materials, they increase the likelihood of information retention. This strategic integration ensures that the communication is tailored to the audience's needs and effectively promotes healthy behaviors.

266. (B) A semantic barrier
Semantic barriers occur when the language, symbols, or technical jargon used in a message are not understood by the receiver. When a health educator uses complex medical terms with a lay audience, it creates a gap in understanding that blocks the communication process. This prevents the target community from accurately interpreting the information needed to improve their health.

267. (B) A patient's deep-seated fear of doctors preventing them from listening.
Psychological barriers originate within the mind of the sender or receiver and include emotional states like fear, anger, or anxiety. A patient's deep-seated fear can lead to selective perception or a lack of interest, causing them to ignore or misinterpret health advice. Overcoming these internal barriers requires empathy from the communicator to ensure the message is received as intended.

268. (A) The excessive distance between a speaker and the audience.
Physical barriers involve environmental factors that disrupt the communication process, such as excessive distance between the speaker and the audience. Other examples include loud background noise or uncomfortable temperatures that make it difficult for participants to focus. These external factors can physically block or distort the transmission of the health message, regardless of the quality of the content itself.

269. (C) Socio-cultural barrier
Socio-cultural barriers stem from differences in cultural backgrounds, norms, values, and beliefs. A gesture or message that is positive in one culture might be offensive in another, leading to a breakdown in trust and communication. Effective health education requires cultural sensitivity to ensure that communication styles align with the local community's social context and do not cause misunderstanding.

270. (D) Practicing empathy and cultural sensitivity.
To overcome communication barriers, a health educator must be empathetic, clear, and culturally sensitive. Actively seeking feedback ensures the message is received correctly and allows for the clarification of misunderstandings. By understanding the receiver's context and emotional state, the communicator can adapt their approach to mitigate physical, psychological, semantic, and socio-cultural obstacles that hinder effective health education.

271. (C) The detailed planning based on a needs assessment.
Planning serves as the foundational phase of any health education initiative, starting with a comprehensive needs assessment. This initial

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240. (B) Those with and without access to modern information and communication technology.
The digital divide is a major social and technical challenge that refers to the inequality in access to modern information and communication technology. This gap can exist between different geographic regions, socioeconomic groups, or generations. In the context of health, the digital divide can prevent certain populations from accessing the benefits of E-Health and m-Health, such as remote consultations and online health information. Overcoming this divide is essential for achieving health equity and ensuring everyone can benefit from technology.

241. (B) THE mother will demonstrate how to correctly prepare Oral Rehydration Solution (ORS).
Psychomotor objectives are focused on the development and mastery of physical skills and manual procedures. An objective that requires a participant to demonstrate a specific physical task, such as correctly preparing ORS, is a classic psychomotor objective. This level of learning involves the coordination of movement and the correct execution of a sequence of actions. Psychomotor skills are essential for many health-related activities and are a fundamental component of educational programs aimed at improving practical caregiving skills.

242. (A) THE medium through which THE message is transmitted.
In the communication process, the 'channel' is the specific medium or platform used to transmit a message from the sender to the receiver. Channels can be personal, such as face-to-face conversation, or impersonal, such as television, radio, or printed pamphlets. The choice of channel depends on the nature of the message and the characteristics of the target audience. Selecting the most appropriate and effective channel is essential for ensuring that the health message reaches the audience and is well-received.

243. (C) To create demand for and utilization of health services.
Information, Education, and Communication (IEC) activities are used in public health to achieve multiple goals, including increasing awareness and promoting healthy behaviors. A primary objective is to create demand for and encourage the proper utilization of essential health services. By providing accurate information and addressing potential barriers, IEC programs motivate individuals to seek out vaccinations, health screenings, and other services. This proactive engagement is essential for the success of health programs and for improving overall community health status.

244. (D) Clinical Decision Support Systems within E-Health
E-Health encompasses various technologies designed to improve patient safety and clinical decision-making. Clinical Decision Support Systems (CDSS) are electronic tools that provide healthcare providers with patient-specific information and evidence-based knowledge to enhance care. An automated alert about a potential drug interaction is a key feature of CDSS. These systems help to reduce medical errors, ensure more accurate prescribing, and support better clinical outcomes by integrating real-time health data and medical knowledge into the clinical workflow.

245. (C) Reach a large, anonymous audience simultaneously.
Mass media is a powerful tool for health education because of its unique capacity for wide-scale information dissemination. Its primary advantage is the ability to reach a very large and geographically dispersed audience simultaneously through broadcast and print channels. This makes it an ideal method for raising broad public awareness about health issues and for promoting nationwide health campaigns. While it is less personalized than interpersonal methods, its immense reach is essential for public health strategies that target the entire population.

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246. (B) A good plan is based on THE needs of THE community and specifies clear, measurable objectives.
Planning is a systematic and evidence-based process that serves as the foundation for successful health education programs. A professional plan is developed based on a thorough assessment of community needs and context. It must also specify clear and measurable objectives that outline the expected outcomes and provide the criteria for evaluating impact. By following this structured approach, planners can ensure that

distinguish between credible, evidence-based health information and unreliable sources of misinformation. By promoting these skills, health educators help the public navigate complex digital landscapes, ensuring that individuals make informed health decisions based on accurate and trustworthy data.

280. (D) designed to be exaggerated and provoke strong emotional reactions.
A sensationalized portrayal of health issues in the media involves reporting that is exaggerated or designed to provoke strong emotional reactions from the public. This approach can lead to unnecessary public anxiety or the stigmatization of certain health conditions. Such reporting often prioritizes attracting attention over providing factual, objective analysis, which can undermine the efforts of credible health education programs.

281. (A) Providing factual information is sufficient to induce changes in practice.
The Information, Education, and Communication model assumes that providing factual information is sufficient to lead to changes in health attitudes and practices. This linear approach focuses on raising awareness and increasing knowledge through various educational channels. It operates on the premise that informed individuals will naturally adopt healthier behaviors once they understand the benefits, although it often ignores broader barriers.

282. (B) BCC addresses motivational and social factors, not just knowledge.
Behavior Change Communication differs from the traditional IEC model by addressing deeper motivational, social, and environmental factors that influence health decisions. While IEC focuses primarily on knowledge dissemination, BCC uses a strategic mix of interventions to persuade and motivate individuals. It is research-based and seeks to create a supportive environment for long-term behavioral transformation rather than just providing information.

283. (B) A BCC approach.
A health program that utilizes focus groups to understand barriers and collaborates with local leaders to promote healthy practices exemplifies Behavior Change Communication. This approach is research-based and interactive, focusing on why individuals do not adopt certain behaviors. By involving the community and addressing social motivators, the program aims to transform practices through dialogue rather than just information.

284. (A) IEC provides a knowledge foundation, while BCC is a broader process aimed at action.
IEC and BCC have a complementary relationship where the former provides the foundational health knowledge necessary for understanding. BCC then builds upon this foundation by employing more comprehensive and interactive strategies aimed at achieving actual behavioral change. While IEC informs the public, BCC focuses on the motivational and social factors required to translate that information into sustained, health-improving actions.

285. (C) may not adequately address the barriers to behavioral adoption.
A primary limitation of the IEC approach is its focus on information dissemination, which may fail to address complex barriers to behavioral adoption. Knowledge alone is often insufficient for lasting change if motivational, social, or environmental obstacles remain. By stopping at awareness, IEC might not provide the necessary skills or support systems required for individuals to successfully implement healthy practices.

286. (D) M-Health is a specific subset of the broader category of e-Health.
E-Health serves as a broad umbrella term for using electronic technologies to support and improve healthcare services. M-Health is a specific subset within this field that focuses on leveraging the portable nature of mobile devices, such as smartphones and tablets. While e-Health includes larger systems like hospital databases, m-Health specifically targets the use of mobile platforms for personalized health support.

287. (C) e-Health.
The implementation of hospital-wide Electronic Health Records systems for managing patient information is a core application of e-Health. This technology aims to digitize processes to enhance the efficiency and quality of healthcare delivery. By centralizing patient data, EHRs help connect different parts of the health system, facilitating better-informed clinical decisions and

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CHAPTER 09

Health Systems Research, Planning and Management and Recent Advances in Public Health

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1. Which of the following best defines 'Health planning'?
(A) The strategic allocation of comprehensive financial resources for infrastructure and hospital staffing.
(B) The orderly process of defining health problems, unmet needs, and surveying resources to meet them.
(C) The routine day-to-day administration of healthcare facilities without any long-term strategic goals.
(D) The retrospective analysis of localized disease outbreaks used to assign institutional or legal blame.

2. The following question consists of two statements regarding health management.
Statement I : Health management is concerned only with the financial aspects of a healthcare organization.
Statement II : Effective health management involves the optimal use of human, financial, and material resources to achieve health objectives.
(A) Both Statement I and Statement II are correct and provide a complete view of organizational management.
(B) Both Statement I and Statement II are incorrect regarding the scope of health management principles.
(C) Statement I is correct, but Statement II is incorrect regarding the use of diverse health resources.
(D) Statement I is incorrect, but Statement II is correct regarding the holistic use of health resources.

3. A health manager is trying to understand the external environmental factors that could impact a new public health program. Which planning tool would be most appropriate for this purpose?
(A) SWOT Analysis
(B) Fishbone Diagram
(C) PESTLE Analysis
(D) Gantt Chart

4. Which of the following is NOT a primary function of management in a health system?
(A) Planning
(B) Organizing
(C) Controlling
(D) Diagnosing

5. Identify the incorrect statement regarding Operations Research in health systems.
(A) It uses scientific methods to improve the performance of complex systems.
(B) It can be used to optimize resource allocation, such as ambulance placement.
(C) It is primarily focused on laboratory-based biomedical experimentation.
(D) It helps decision-makers by providing quantitative insights into operational problems.

6. Which type of health systems research is concerned with the detailed examination of a complex whole to identify its parts and their interrelationships?
(A) Health Technology Assessment
(B) System Analysis
(C) Monitoring and Evaluation
(D) Medical Audit

7. What is the primary purpose of Health Technology Assessment (HTA)?
(A) To market and promote new pharmaceutical

296. (D) To create a logical team structure with clear roles and responsibilities.
The primary function of the organization aspect in health education is to establish a logical framework for the program. This involves defining the team structure, assigning clear roles and responsibilities, and setting up lines of communication. A well-organized program ensures that all members understand their specific tasks, which facilitates accountability and an efficient workflow toward achieving the program's overall goals.

297. (A) Monitoring and control
Monitoring and control is a vital management function that involves systematically tracking program activities and measuring progress against specific performance indicators. This process allows health educators to identify if the program is staying on course or if adjustments are needed. By evaluating real-time data, managers can address challenges promptly, ensuring that resources are used efficiently to achieve the desired outcomes.

298. (B) Coordinating activities between the program team and community leaders.
Program management encompasses the dynamic process of leading and coordinating activities among various internal and external stakeholders. This includes working with community leaders, government agencies, and partner organizations to ensure the program runs smoothly. By facilitating these connections, management ensures that the resources are utilized effectively and that the program's implementation aligns with the needs and support of the target population.

299. (B) The program will likely fail during the implementation phase.
Without a robust organizational structure, even a well-conceived health education plan is likely to fail during the implementation phase. Lack of clear roles, responsibilities, and communication lines leads to confusion and inefficiency within the team. A strong structure is necessary to translate theoretical plans into tangible health outcomes, as it provides the foundation for effective management and accountability during execution.

300. (A) organization is about creating the static framework, while management is the dynamic process of running the program within it.
The distinction between organization and management is that organization focuses on creating the static structural framework, such as roles and hierarchies. Management is the dynamic process of directing the program, leading the team, and coordinating resources within that established structure. Both are critical; the organization provides the order, while management provides the leadership and monitoring needed for successful implementation.

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more effective long-term management of public health information.

288. (B) Its applications are specifically designed for mobile devices like smartphones.
M-Health is defined by its use of portable platforms, specifically mobile devices like smartphones and tablets, to deliver health services. These applications are designed to be used on the go, providing users with constant access to health information and support. This mobility distinguishes m-Health from broader e-Health applications that might rely on fixed computer systems or landline-based hospital networks.

289. (D) Its capacity to reach remote populations and provide personalized support.
A key advantage of m-Health is its capacity to extend the reach of healthcare services to populations in remote or underserved areas. By using mobile technology, health educators can provide personalized, real-time support directly to individuals on their own devices. This accessibility helps overcome geographical barriers and ensures that even those far from physical clinics can receive vital health information.

290. (A) an m-Health application.
An SMS-based system that sends blood sugar reminders to diabetic patients is a clear example of an m-Health application. This technology leverages the ubiquitous nature of mobile phones to provide timely and personalized health alerts. By delivering real-time support directly to the patient's device, it promotes better self-management of chronic conditions and enhances adherence to recommended health practices.

291. (C) The practice of providing clinical services remotely.
E-medicine, often used interchangeably with telemedicine, refers specifically to the practice of delivering medical services at a distance. This involves healthcare professionals using telecommunications technology to diagnose, treat, and advise patients. Applications can range from remote video consultations to advanced robotic surgeries, with the primary goal of enhancing access to specialized medical care for patients in different locations.

292. (A) Professional licensure
A critical legal issue in e-medicine arises from the challenge of professional licensure across different jurisdictions. Since a practitioner in one region may be treating a patient located in another, they must navigate varying regulations and licensing requirements. This complexity creates legal uncertainty regarding the practitioner's authority to provide care remotely across state or national borders without appropriate local certification.

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293. (D) Verifying the quality of practical skills acquisition by students.
Distance education in the health sector offers flexibility for training but poses significant challenges in ensuring the quality of practical skills acquisition. Since many health procedures require hands-on training, verifying that students have mastered these skills through online platforms can be difficult. Additionally, ensuring the authenticity of remote assessments remains a concern for maintaining high standards in professional healthcare training.

294. (B) The protection and security of sensitive personal data.
A major legal concern shared by both e-medicine and distance education is the protection and security of sensitive personal data. The transmission of patient health records and student information requires robust encryption and compliance with strict data protection laws. Preventing unauthorized access is essential, as data breaches carry severe legal penalties and can compromise the privacy and trust of individuals.

295. (C) who is responsible when a remote diagnosis is incorrect.
Liability in the context of e-medicine refers to the legal responsibility that arises when a remote diagnosis or treatment is incorrect. Determining who is at fault—whether it is the practitioner, the technology provider, or the facility—becomes contentious in cases of misdiagnosis or technical failure. Establishing clear legal frameworks is necessary to address these accountability issues in distance-based healthcare.

products to various regional physicians.
(B) To train technicians on how to operate and maintain specialized new medical equipment.
(C) To exclusively assess the architectural design and structural integrity of new hospitals.
(D) To inform policy on using health technologies in a safe and cost-effective manner.

8. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : Monitoring and Evaluation (M&E) are integral components of the health planning cycle.
Reason (R) : M&E provide the necessary feedback to assess progress, identify challenges, and make adjustments to health programs.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

9. The term 'input' in the context of System Analysis of a health program refers to:
(A) The health outcomes achieved by the program.
(B) The specific activities and processes undertaken by the program.
(C) The resources such as staff, money, and materials used in the program.
(D) The long-term impact on the community's health status.

10. Consider the following statements about a Health Management Information System (HMIS):
(a) It is designed primarily for academic research, not for management.
(b) Its main function is to support planning, management, and decision-making in health facilities and organizations.
(c) It deals only with financial data and excludes service delivery information.
(d) Timeliness and accuracy of data are crucial for its effectiveness.
Which of the above statement(s) is/are correct?
(A) Statements (a) and (c) only are correct regarding system scope.
(B) Statements (b) and (d) only are correct regarding system functions.
(C) Statements (a), (b), and (c) only are correct regarding system design.
(D) Statements (b), (c), and (d) only are correct regarding system data.

11. What is the primary objective of a 'Medical Audit'?
(A) To assign legal blame for medical errors within a clinical department.
(B) To determine the financial profitability of a hospital or specific department.
(C) To conduct performance appraisals for administrative and support staff.
(D) To improve medical quality by systematically reviewing it against criteria.

12. A 'Social Audit' in the context of public health is best described as:
(A) An examination of a health facility's financial accounts by an external legal auditor.
(B) A process where health program details are shared with the community for feedback.
(C) A survey of the social and demographic characteristics of a specific patient population.
(D) A government inspection to ensure compliance with building and public safety codes.

13. Match the Research/Audit types in List I with their Primary Focus in List II.
List I:
P. Operations Research,
Q. Medical Audit,
R. Social Audit,
S. System Analysis
List II:
1. Quality of clinical care against standards,
2. Community participation and accountability,
3. Optimization of processes and resource use,
4. Understanding components and their interactions
(A) P-3, Q-1, R-2, S-4
(B) P-4, Q-2, R-1, S-3

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2. Fair distribution of health resources,
3. Respecting a patient's right to refuse treatment,
4. Acting in the best interest of the patient

(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-2, Q-4, R-1, S-3

88. A key feature of a well-functioning Health Management Information System (HMIS) is its ability to:
(A) Transform raw data into useful information for decision-making.
(B) Function effectively without any trained personnel.
(C) Generate complex reports that are difficult for managers to understand.
(D) Operate only on paper-based records in the digital age.

89. A medical audit committee reviewing patient records finds that a specific antibiotic is being over-prescribed, leading to increased resistance. What would be the most appropriate next step?
(A) Immediately suspend all doctors involved in the prescribing process.
(B) Publish the names of the doctors in a regional daily newspaper.
(C) Share aggregate findings and recommend new prescribing guidelines.
(D) Ignore the finding as it does not constitute a specific legal issue.

90. In the context of health team management, what is 'transformational leadership'?
(A) A style that inspires team members to achieve a shared vision.
(B) A leadership style focused on day-to-day tasks and rewarding/punishing staff.
(C) A leadership style that avoids making any decisions.
(D) A leadership style where the leader holds all power and issues commands.

91. The issue of ensuring a balanced distribution of health workers between urban and rural areas is a core concern of:
(A) Health Technology Assessment
(B) Medical Audit
(C) Health policy studies on pricing
(D) Human Resources in Health (HRH) planning

92. The codification and documentation of traditional health practices are important for the role of AYUSH in local health traditions because:
(A) It helps in patenting and preventing communities from using their own knowledge.
(B) It is a prerequisite for national integration and scientific evaluation.
(C) It makes the practices more expensive and inaccessible.
(D) It is a requirement set by international tourists.

93. When a government passes a law banning smoking in public places, it is an example of what type of health policy instrument?
(A) Financial incentive
(B) Informational measure
(C) Regulatory measure
(D) Service provision

94. Which of the following is a 'process' indicator for the quality of diabetes care?
(A) The prevalence of diabetes in the population.
(B) The number of endocrinologists in the country.
(C) The long-term complication rate from diabetes.
(D) The percentage of diabetic patients who have had their feet checked in the last year.

95. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : Obtaining informed consent is a legal and ethical imperative in both healthcare delivery and health research.
Reason (R) : The principle of autonomy dictates that individuals have the right to self-determination regarding their own bodies and their participation in research.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.

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(A) Simply recording and counting the total number of clinical cases.
(B) Attributing legal responsibility to the parents of infected children.
(C) Calculating the total financial cost of hospital-based treatment.
(D) Examining the interplay between vaccination, staff, and beliefs.

24. Consider the following aspects that may be addressed in a Health Technology Assessment (HTA):
(a) Clinical effectiveness
(b) Cost-effectiveness
(c) Ethical and social implications
(d) Patient preferences
(e) Organizational impact
Which of the above statement(s) is/are typically considered in a comprehensive assessment?
(A) Aspects (a) and (b) only
(B) Aspects (a), (b), and (c) only
(C) Aspects (a), (c), and (e) only
(D) All aspects (a), (b), (c), (d), and (e)

25. The main difference between 'Monitoring' and 'Evaluation' is that:
(A) Monitoring is periodic, while evaluation is a strictly continuous process.
(B) Monitoring focuses on outcomes, while evaluation focuses only on inputs.
(C) Monitoring tracks progress continuously, while evaluation assesses impact.
(D) Monitoring is performed by external agents, while evaluation is internal.

26. An indicator like "percentage of reports submitted on time" would be used to measure the performance of what system?
(A) Health Management Information System (HMIS).
(B) Health Technology Assessment system.
(C) Medical Audit system.
(D) Human Resource grievance system.

27. The primary audience for the findings of a 'Social Audit' is:
(A) The judiciary and legal system.
(B) International funding agencies.
(C) The national medical council.
(D) The community and the public.

28. In the context of a health team, 'multidisciplinary' implies:
(A) All team members have the same professional background.
(B) Team members come from various professional fields and work together.
(C) The team works in multiple geographic locations.
(D) The team focuses on multiple diseases simultaneously but with members of the same profession.

29. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : The 'brain drain' of health professionals is a significant challenge for Human Resources in Health (HRH) in many developing countries.
Reason (R) : The migration of trained health workers to developed countries leads to a shortage of skilled personnel in their home countries.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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30. The integration of AYUSH into the mainstream health system aims to:
(A) Replace modern allopathic medicine entirely across the national health system.
(B) Restrict traditional AYUSH practices to underserved rural or tribal areas only.
(C) Promote the international export of traditional medicines to foreign markets.
(D) Provide a pluralistic and integrated system of healthcare to the public.

31. A health policy that mandates health insurance for all citizens is primarily addressing which aspect of the health system?
(A) Health financing
(B) Service delivery
(C) Human resources
(D) Medical technology

(C) P-3, Q-4, R-2, S-1
(D) P-1, Q-3, R-4, S-2

14. The effectiveness of a health team is LEAST likely to be dependent on which of the following factors?
(A) Clear communication among team members.
(B) A shared understanding of the team's goals.
(C) Effective leadership and conflict resolution mechanisms.
(D) The social media presence of individual team members.

15. The following question consists of two statements regarding Human Resources in Health (HRH).
Statement I : Human Resources in Health (HRH) planning involves estimating the number and type of health workers needed to meet population health goals.
Statement II : The management of HRH is solely the responsibility of medical colleges and training institutions.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

16. What does 'AYUSH' stand for in the context of Indian systems of medicine?
(A) Allied, Yogic, and Universal Systems of Health for all citizens.
(B) Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy.
(C) Association of Yogic, Unani, Siddha, and Holistic regional healers.
(D) Ayurveda, Yunani, and Siddha Health Union for practitioners.

17. The process of health policy formulation typically begins with which of the following steps?
(A) Implementation of the policy.
(B) Identification of a health problem and agenda setting.
(C) Evaluation of the policy's impact.
(D) Allocation of the budget for the policy.

18. Which of the following is a key parameter for assessing the 'structure' component of quality in healthcare services, according to Donabedian's model?
(A) The number of qualified nurses per bed in a hospital.
(B) The accuracy of a physician's diagnosis.
(C) The recovery rate of patients after surgery.
(D) The level of patient satisfaction after discharge.

19. Which of the following is NOT one of the four core principles of biomedical ethics?
(A) Autonomy
(B) Beneficence
(C) Profitability
(D) Justice

20. A major National Institute in India responsible for public health research and training is the National Institute of Health and Family Welfare (NIHFW). Where is it located?
(A) Mumbai
(B) Kolkata
(C) Chennai
(D) New Delhi

21. The "planning cycle" in health planning implies that it is:
(A) A one-time activity with a fixed endpoint.
(B) A linear process that never requires revision.
(C) A continuous process of planning, implementation, and evaluation.
(D) A process that is repeated exactly every five years without change.

22. Which of the following situations would be an appropriate application of Operations Research in a district health system?
(A) Writing a historical account of the health system.
(B) Determining the most efficient routing for vaccine delivery vans.
(C) Conducting a clinical trial for a new drug.
(D) Analyzing the ethical dilemmas in patient care.

23. A System Analysis approach to a measles outbreak would likely involve:

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(B) The absence of any current demand for traditional medicine in communities.
(C) The need for standardization, quality control, and scientific validation.
(D) The complete opposition from the World Health Organization on all fronts.

42. In health policy studies, 'agenda setting' refers to:
(A) The process of deciding which health problems will receive the attention of policy-makers.
(B) The schedule for parliamentary debates.
(C) The final drafting of the policy document.
(D) The evaluation of a policy's effectiveness after implementation.

43. Which of the following quality standards in health services is most patient-centric?
(A) ISO 9001
(B) National Accreditation Board for Hospitals & Healthcare Providers (NABH)
(C) Joint Commission International (JCI)
(D) All of the above incorporate patient rights and safety.

44. A patient's right to make decisions about their own medical treatment, after being fully informed, is an example of which ethical principle?
(A) Beneficence
(B) Autonomy
(C) Justice
(D) Non-maleficence

45. Consider the following roles that may be performed by a National Institute like NIPHTR (National Institute of Public Health Training and Research):
(a) Primarily focuses on training grassroots health workers and trainers.
(b) Is a Supreme Court body for health litigations.
(c) Acts as a central government's apex body for public health training.
(d) Deals only with international health regulations.
(e) Conducts research in public health domains.
Which of the above statement(s) is/are correct?
(A) Roles (a) and (b) only are correct.
(B) Roles (a), (c), and (e) only are correct.
(C) Roles (b), (d), and (e) only are correct.
(D) Roles (d) and (e) only are correct.

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46. What is the key output of the 'system analysis' phase in health planning?
(A) A finalized and approved budget for the national health program.
(B) A detailed list of specific staff who will be hired for the program.
(C) A strategic media campaign used to launch the new health program.
(D) A comprehensive understanding of the problem and its determinants.

47. A study designed to find the optimal number of beds to keep open in an emergency room to minimize both patient waiting times and operational costs is a classic example of:
(A) Operations Research
(B) Social Audit
(C) Health Policy Analysis
(D) Medical Audit

48. Match the Concepts in List I with their Key Features in List II.
List I:
P. Monitoring,
Q. Evaluation,
R. HMIS,
S. HTA
List II:
1. Periodic assessment of overall achievement,
2. Continuous tracking of activities and progress,
3. Assessing evidence on safety, efficacy, and cost of technology,
4. Data collection, processing, and reporting for management
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-4, Q-3, R-2, S-1
(D) P-2, Q-1, R-3, S-4

49. Which of the following is NOT a component of a Health Management Information System (HMIS)?
(A) Data collection tools (e.g., registers, forms).
(B) The manufacturing of medicines.
(C) Procedures for data processing and analysis.
(D) Human resources for managing the system.

32. The Donabedian model for quality assessment classifies indicators into three categories. Which pair is correctly matched?
(A) Structure - Patient satisfaction score
(B) Process - Adherence to clinical guidelines
(C) Outcome - Number of beds in the hospital
(D) Structure - Mortality rate

33. The ethical principle of 'Non-maleficence' in healthcare means:
(A) The duty to do good and act in the best interest of the patient.
(B) The duty to do no harm.
(C) The duty to treat all patients fairly and equitably.
(D) The duty to respect the patient's decisions.

34. Which of the following is a key role of a National Institute of Public Health Research and Training?
(A) Generating evidence for health policy and building capacity of health professionals.
(B) Directly providing clinical care to all citizens.
(C) Regulating the prices of pharmaceutical drugs.
(D) Manufacturing medical equipment for hospitals.

35. The 'policy triangle' framework for health policy analysis considers which of the following elements?
(A) Inputs, Process, Outputs, and Outcomes.
(B) Structure, Process, and Outcome.
(C) Actors, Context, Process, and Content.
(D) Problem, Policy, and Politics.

36. Which of the following is an example of a "hard" output from a Health Management Information System (HMIS)?
(A) Increased staff motivation.
(B) Improved decision-making.
(C) Enhanced teamwork.
(D) A printed monthly report on immunization coverage.

37. The following question consists of two statements regarding Medical and Social Audits.
Statement I : A medical audit is typically conducted by clinical peers to review professional work.
Statement II : A social audit is a mechanism for the government to enforce its policies upon the community without feedback.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

38. Effective management of a primary health care team would involve:
(A) A strictly hierarchical system where only the doctor makes final decisions.
(B) Defined roles and responsibilities for each team member (doctor, nurse).
(C) Focusing only on curative services while ignoring preventive community care.
(D) Requiring all team members to perform identical clinical and admin tasks.

39. The term 'task shifting' in the context of Human Resources in Health refers to:
(A) Requiring individual health workers to work significantly longer clinical hours.
(B) Transferring existing health workers from remote rural posts to urban centers.
(C) The process of health workers changing their clinical or medical specialization.
(D) Delegating tasks to less specialized workers to use skills more efficiently.

40. Arrange the following steps of the health planning cycle in the correct chronological order:
1. Situation Analysis
2. Setting Objectives
3. Implementation
4. Evaluation
5. Formulation of Plan

(A) 1, 2, 5, 3, 4
(B) 2, 1, 5, 3, 4
(C) 1, 5, 2, 3, 4
(D) 5, 1, 2, 4, 3

41. Which of the following is a major challenge in integrating AYUSH with local health traditions?
(A) The complete lack of any documented history for various AYUSH systems.

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59. A health system is defined by the WHO as consisting of all organizations, people, and actions whose primary intent is to:
(A) Generate profit for shareholders.
(B) Conduct biomedical research.
(C) Regulate the pharmaceutical industry.
(D) Promote, restore, or maintain health.

60. Consider the following statements about Health Systems Research:
(a) It is a multi-disciplinary field of study.
(b) It focuses on how societies organize themselves to achieve health goals.
(c) It is limited to the study of hospitals and clinics only.
(d) Its purpose is to generate knowledge that can be used to improve health system performance.
Which of the above statement(s) is/are correct?
(A) Statements (a), (b), and (d) only are correct.
(B) Statements (b), (c), and (d) only are correct.
(C) Statements (a) and (c) only are correct.
(D) All of the above statements are correct.

61. 'Process mapping' is a tool often used in which type of health systems research?
(A) Health Policy Studies
(B) Social Audit
(C) System Analysis and Operations Research
(D) Medical Audit

62. What is the fundamental purpose of 'Monitoring and Evaluation' in public health programs?
(A) To secure funding for the next project cycle.
(B) To exclusively publish research papers.
(C) To discipline underperforming staff members.
(D) To provide a basis for accountability and learning.

63. Which statement about the Health Management Information System (HMIS) is incorrect?
(A) It is a static system that, once designed, should never be changed or updated.
(B) It provides data for monitoring health program performance.
(C) It can help in identifying disease outbreaks or hotspots.
(D) An effective HMIS should be simple, relevant, and action-oriented.

64. The key difference between a Medical Audit and a Social Audit lies in their primary focus. The focus of a medical audit is on _____, whereas the focus of a social audit is on _____.
(A) financial probity; clinical quality
(B) clinical quality; social accountability
(C) patient satisfaction; staff attendance
(D) social accountability; financial probity

65. A case-based question in health professional assessment is designed to measure:
(A) Rote memorization of clinical facts and figures.
(B) The ability to apply knowledge to a specific scenario.
(C) Knowledge of historical dates in medicine and policy.
(D) Personal opinions about current national health policy.

66. What is a primary challenge in managing Human Resources in Health (HRH) in rural and remote areas?
(A) Difficulty in attracting and retaining qualified health workers.
(B) Over-supply of specialist doctors.
(C) Lack of patients in rural areas.
(D) Advanced technology and infrastructure that staff are not trained for.

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67. Which of the following is an example of 'local health tradition' that might be considered alongside AYUSH systems?
(A) The use of MRI scans for diagnosis.
(B) A national immunization schedule.
(C) The practice of using specific local herbs for common ailments by a community elder.
(D) Robotic surgery procedures.

68. The 'implementation phase' of a health policy involves:
(A) Identifying a problem that needs a policy.
(B) Evaluating whether the policy worked.
(C) Debating the policy in the legislature.
(D) Translating policy objectives into concrete actions and programs.

69. In quality assessment, an 'outcome' indicator for a maternal health program could be:
(A) The number of trained midwives available.

(B) The percentage of pregnant women receiving at least four antenatal check-ups.
(C) The maternal mortality ratio.
(D) The availability of delivery kits at the health center.

70. Arrange the following events in a typical health policy-making process in chronological order.
1. Policy Implementation
2. Policy Formulation
3. Agenda Setting
4. Policy Evaluation

(A) 2, 3, 1, 4
(B) 3, 2, 1, 4
(C) 3, 1, 2, 4
(D) 4, 3, 2, 1

71. A situation where a public health official must decide which of two equally needy groups receives a limited supply of vaccines is a classic example of a dilemma related to which ethical principle?
(A) Autonomy
(B) Beneficence
(C) Non-maleficence
(D) Justice

72. National Institutes of Public Health often play a key role as 'Apex Referral Laboratories'. What does this mean?
(A) They provide high-level diagnostic confirmation for other labs.
(B) They are the only laboratories that patients can visit directly.
(C) They are responsible for referring all patients to private hospitals.
(D) They only handle administrative referrals for staff transfers.

73. The 'Controlling' function of health management primarily involves:
(A) Hiring new employees for the organization.
(B) Setting goals and objectives for the future.
(C) Measuring performance against standards and taking corrective action.
(D) Designing the organizational structure and chain of command.

74. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : System analysis in health care often reveals unintended consequences of interventions.
Reason (R) : By mapping the complex interconnections within the health system, system analysis can show how a change in one part affects other, seemingly unrelated, parts.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

75. Health Technology Assessment (HTA) is primarily a tool for:
(A) Individual patient diagnosis.
(B) Marketing new drugs.
(C) Hospital accreditation.
(D) Evidence-informed policy making.

76. Which of the following is a quantitative indicator that might be tracked in a Health Management Information System (HMIS)?
(A) Staff morale.
(B) Number of outpatient consultations per month.
(C) Community trust.
(D) The political climate.

77. An audit that involves community members, service providers, and government officials in a joint assessment of health services is best termed a:
(A) Financial Audit
(B) Internal Audit
(C) Social Audit
(D) Clinical Audit

78. Which of the following represents a potential source of conflict within a health team?
(A) A shared and clear understanding of the team's purpose.
(B) Open and respectful communication channels.
(C) Strong and supportive leadership.
(D) Ambiguity in the roles and responsibilities of team members.

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79. The following question consists of two statements regarding Human Resources in Health (HRH).
Statement I : HRH includes only doctors and nurses.
Statement II : HRH comprises all people engaged in actions whose primary intent is to enhance health, including clinical staff, management, and support staff.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is incorrect, but Statement II is correct.
(D) Statement I is incorrect, but Statement II is correct.

80. A key objective behind promoting AYUSH in local health traditions is to:
(A) Completely discredit and ban allopathic medicine in rural regions.
(B) Leverage a vast, culturally acceptable resource for primary care.
(C) Create a parallel health system that never interacts with modern medicine.
(D) Focus exclusively on exporting traditional health products to foreign nations.

81. Which of the following best describes 'health policy studies'?
(A) The clinical study of diseases.
(B) The study of the political, social, and economic processes that shape health policies.
(C) The study of cellular biology.
(D) The study of hospital architecture.

82. Consider the following parameters for the quality assessment of health services:
(a) Accessibility of services
(b) Competence of health providers
(c) Patient satisfaction
(d) Continuity of care
(e) Cost to the patient
Which of the above statement(s) is/are valid parameters for assessment?
(A) Parameters (a) and (b) only are valid.
(B) Parameters (c), (d), and (e) only are valid.
(C) Parameters (a), (b), (c), and (d) only are valid.
(D) All of the above are valid parameters.

83. The practice of obtaining 'informed consent' before a medical procedure upholds which two ethical principles most directly?
(A) Beneficence and Justice
(B) Justice and Non-maleficence
(C) Autonomy and Veracity (truthfulness)
(D) Beneficence and Non-maleficence

84. The training programs conducted by National Institutes of Public Health are primarily aimed at:
(A) The general public.
(B) Undergraduate medical students exclusively.
(C) High school students interested in health careers.
(D) In-service health professionals and public health managers.

85. A manager decides to introduce a new electronic health record system. First, she analyzes the existing paper-based system, maps the flow of information, identifies bottlenecks, and then designs the new workflow. This approach is an example of:
(A) Medical Audit
(B) Social Audit
(C) System Analysis
(D) Health Policy Lobbying

86. Which of the following scenarios is LEAST suitable for an Operations Research approach?
(A) Scheduling of operation theatre usage to maximize throughput.
(B) Understanding the deeply held cultural beliefs about a specific illness.
(C) Determining the optimal inventory level for essential drugs.
(D) Planning the most efficient route for a mobile health clinic.

87. Match the Ethical Principles in List I with their Applications in List II.
List I:
P. Autonomy,
Q. Beneficence,
R. Non-maleficence,
S. Justice
List II:
1. Do no harm,

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50. The principle of peer review is most central to which of the following?
(A) Medical Audit
(B) Social Audit
(C) Financial Audit
(D) System Analysis

51. The following question consists of two statements regarding health teams.
Statement I : A uniprofessional team is more effective than a multiprofessional team for managing complex chronic diseases.
Statement II : Effective health teams require clear roles, mutual respect, and shared goals.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is incorrect, but Statement II is correct.
(D) Statement I is correct, but Statement II is incorrect.

52. The "3-R" strategy in Human Resources in Health management often refers to:
(A) Research, Review, and Report.
(B) Rural, Remote, and Risky postings.
(C) Re-training, Re-assigning, and Retiring.
(D) Recruitment, Retention, and Regulation.

53. Which of the following represents a potential conflict in the integration of AYUSH into public health?
(A) The fact that AYUSH practitioners speak local languages.
(B) The use of medicinal plants that are locally available.
(C) The differing philosophical underpinnings and diagnostic methods compared to modern medicine.
(D) The focus on wellness and prevention in AYUSH systems.

54. "A purposive course of action that an individual or group consistently follows in dealing with a problem" is a definition of:
(A) A health system
(B) A policy
(C) An audit
(D) A team

55. In the context of Quality Assessment, 'standards' are best defined as:
(A) The minimum level of financial investment required.
(B) The personal opinions of the hospital administrator.
(C) The number of patients treated per day.
(D) Predetermined levels of acceptable performance or quality.

56. When a doctor withholds a bleak prognosis from a patient, believing it is in the patient's best interest, they are prioritizing which principle over autonomy?
(A) Paternalism (a form of Beneficence)
(B) Justice
(C) Non-maleficence
(D) Veracity

57. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : National Institutes of Public Health are crucial for epidemic preparedness and response.
Reason (R) : These institutes have the expertise and infrastructure for disease surveillance, outbreak investigation, and laboratory confirmation, which are essential for managing epidemics.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

58. In management terminology, what does SWOT analysis stand for?
(A) Strengths, Weaknesses, Opportunities, and Threats.
(B) Strategy, Workload, Organization, and Timing.
(C) Services, Workforce, Operations, and Technology.
(D) Systems, Wellness, Outcomes, and Targets.

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(C) A is true but R is false.
(D) A is false but R is true.

96. "To serve as a national apex technical and research institution in the field of public health" would be a part of the mission statement of which type of organization?
(A) A private pharmaceutical company.
(B) A National Institute of Public Health.
(C) A patient advocacy group.
(D) A hospital accreditation body.

97. In health planning, a 'normative need' is defined as:
(A) A need that an individual feels or expresses.
(B) A need that is identified by an expert or professional, based on a standard.
(C) A need that is inferred by observing the use of services.
(D) A need that is established by comparing one population to another.

98. A hospital wants to redesign its patient discharge process to make it faster and reduce errors. Which research methodology would be most suitable?
(A) Operations Research / System Analysis
(B) Social Audit
(C) Health Policy Study
(D) Medical History Research

99. Consider the following statements regarding 'monitoring' and 'evaluation':
(a) Monitoring asks "Are we doing things right?"
(b) Evaluation asks "Are we doing the right things?"
(c) Monitoring is an internal, continuous management function.
(d) Evaluation is often a periodic, more in-depth assessment that can be internal or external.
Which of the above statement(s) is/are correct?
(A) Statements (a) and (b) only are correct.
(B) Statements (c) and (d) only are correct.
(C) Statements (a), (b), and (c) only are correct.
(D) All of the above statements are correct.

100. The successful implementation of a Health Management Information System (HMIS) depends heavily on:
(A) The specific color of the forms used for clinical data collection.
(B) The system being entirely computer-based with zero paper records.
(C) The system being managed exclusively by external foreign consultants.
(D) The culture of basing actual decisions on the provided data.

101. Which of the following questions is central to a Medical Audit?
(A) "Did the community participate in planning this service?"
(B) "Is the health facility making a profit?"
(C) "Was the care provided to the patient in line with established best practice standards?"
(D) "Is the health policy popular with the public?"

102. The following question consists of two statements regarding health team management.
Statement I : A key goal of team management in health is to foster collaboration to improve patient outcomes.
Statement II : Conflict within a health team is always destructive and should be suppressed immediately.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

103. Which of the following best describes the scope of 'Human Resources in Health'?
(A) It is only about paying salaries to doctors.
(B) It is a synonym for the personnel department in a hospital.
(C) It deals exclusively with the grievances of paramedical staff.
(D) It covers planning, education, recruitment, retention, and performance.

104. The revival of 'Local Health Traditions' as part of the public health strategy is based on the principle of:
(A) Promoting cultural pluralism and leveraging community-based knowledge.
(B) Discouraging scientific research in

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(C) It allows for standardization of indicators and comparability of data across different regions and facilities.
(D) It makes health data completely inaccessible to the public.

174. Which of the following is a prerequisite for a successful medical audit?
(A) A punitive environment where errors are heavily punished.
(B) The involvement of lawyers and judges in every audit meeting.
(C) The audit findings being kept secret from the clinical staff.
(D) A blame-free environment where the focus is on learning and system improvement.

175. Match the components of Donabedian's Model in List I with their Example Indicators in List II.
List I:
P. Structure,
Q. Process,
R. Outcome
List II:
1. Percentage of patients receiving correct medication,
2. Patient recovery and satisfaction levels,
3. Doctor-to-patient ratio
(A) P-1, Q-2, R-3
(B) P-3, Q-1, R-2
(C) P-2, Q-3, R-1
(D) P-3, Q-2, R-1

176. Which of the following is a major 'pull factor' contributing to the brain drain of Human Resources in Health?
(A) Poor working conditions in the home country.
(B) Higher salaries and better professional opportunities in the destination country.
(C) Lack of career opportunities in the home country.
(D) Political instability in the home country.

177. The term 'Siddha' in AYUSH refers to a system of medicine primarily practiced and originating in which part of India?
(A) Northern India
(B) Southern India (Tamil Nadu)
(C) Western India (Gujarat)
(D) Eastern India (Bengal)

178. A health policy analyst studying the failure of a particular health program examines how powerful industry lobby groups influenced the policy's design and implementation. This analyst is focusing on which element of the policy process?
(A) The role of actors and interests.
(B) The technical content of the policy.
(C) The evaluation metrics.
(D) The information system used.

179. A 'sentinel surveillance' system, often managed by national public health institutes, involves:
(A) Monitoring the health of all citizens continuously.
(B) A system for citizens to report on their neighbors' health status.
(C) In-depth monitoring of diseases in a few, selected sites to indicate trends in the larger population.
(D) The surveillance of hospital security guards.

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180. Consider the following statements regarding Health Planning:
(a) It is a dynamic process, not a static blueprint.
(b) It should be based on evidence and data.
(c) It must consider resource limitations (financial, human, etc.).
(d) It is solely the responsibility of doctors.
Which of the above statement(s) is/are correct?
(A) Statements (a) and (b) only are correct.
(B) Statements (a), (b), and (c) only are correct.
(C) Statements (c) and (d) only are correct.
(D) All of the above statements are correct.

181. What is the role of an 'Institutional Ethics Committee' in health care?
(A) To ensure the financial profitability of the institution.
(B) To manage the human resources and payroll of the institution.
(C) To protect the rights, safety, and well-being of human subjects involved in research.
(D) To accredit the quality of clinical services provided.

182. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.

health team members
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-2, Q-4, R-1, S-3
(D) P-1, Q-3, R-2, S-4

114. Which of the following statements about the role of AYUSH is incorrect?
(A) It is completely free from any side effects or risks.
(B) It can contribute to preventive and promotive health.
(C) It offers a therapeutic approach that is often holistic.
(D) It has a strong cultural acceptance in many Indian communities.

115. A government decision to increase the budget for mental health services is an example of a:
(A) Clinical diagnosis
(B) Medical audit finding
(C) Health policy decision
(D) Health team conflict

116. 'Accreditation' of a hospital (e.g., by NABH) is a formal process of:
(A) Financial audit to check for fraud.
(B) Social audit to gauge community satisfaction.
(C) Government takeover of the facility.
(D) Quality assessment and recognition that it meets certain standards.

117. An institutional ethics committee (IEC) or institutional review board (IRB) is primarily responsible for:
(A) Managing the hospital's finances.
(B) Conducting performance reviews of doctors and nurses.
(C) Reviewing and approving research protocols involving human subjects to protect their rights and welfare.
(D) Developing marketing strategies for the hospital.

118. Consider the following characteristics that may be identified with Health Systems Research:
(a) A dictatorial leader who makes all decisions alone.
(b) Clear and commonly understood goals.
(c) Mutual trust and respect among members.
(d) Effective communication and conflict resolution mechanisms.
Which of the above statement(s) are key characteristics of a well-managed health team?
(A) Characteristics (a), (b), and (c) only are correct.
(B) Characteristics (b), (c), and (d) only are correct.
(C) Characteristics (a) and (d) only are correct.
(D) All of the above are correct characteristics.

119. The "situational analysis" step in health planning involves an assessment of:
(A) Only the financial resources available.
(B) The personal preferences of the health minister.
(C) The final outcomes of the previous plan.
(D) Needs, resources, and the wider context (political and social factors).

120. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : Health Management Information Systems (HMIS) are often underutilized in health systems.
Reason (R) : Barriers such as poor data quality, lack of training, and a weak culture of information use prevent managers from effectively using HMIS data for decision-making.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

121. The main difference between quality assurance (QA) and quality improvement (QI) is that:
(A) QA is done by doctors, while QI is done by nurses.
(B) QA is voluntary, while QI is mandatory.
(C) QA is about meeting standards, while QI is a continuous process of raising the standards.
(D) There is no difference; the terms are interchangeable.

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122. The role of National Institutes of Public Health Research and Training often includes:
(A) Acting as a national reference point for specialized technical knowledge.
(B) Providing primary care services in rural villages.
(C) Regulating the sale of over-the-counter drugs.
(D) Construction of new hospital buildings.

123. The 'Kingdon's Multiple Streams' model of policy analysis suggests that a 'policy window' opens when:
(A) The legislature is in session.
(B) A new health minister is appointed.
(C) The fiscal year ends.
(D) There is a convergence of problems, policies, and politics.

124. What is the fundamental ethical justification for conducting Health Technology Assessment (HTA)?
(A) To ensure that new technologies are highly profitable for manufacturers.
(B) To promote justice and beneficence by allocating resources efficiently.
(C) To satisfy the academic curiosity of institutional researchers.
(D) To create more administrative and technical jobs in the health sector.

125. The following question consists of two statements regarding health systems research.
Statement I : It is purely academic and has no practical application in health management.
Statement II : It aims to provide evidence to support decision-making for strengthening health systems.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is incorrect, but Statement II is correct.
(D) Statement I is correct, but Statement II is incorrect.

126. A 'logic model' or 'logical framework' is a tool used in Monitoring and Evaluation to:
(A) Calculate the exact financial cost-benefit ratio of a specific program.
(B) Conduct a medical audit of specialized surgical and clinical procedures.
(C) Write the legal and legislative statutes for a new national health policy.
(D) Diagram the causal links between activities, outputs, and impact.

127. Which of the following is a key principle of a Social Audit?
(A) The findings should be accessible and understandable to the general public.
(B) The process should be confidential and known only to auditors.
(C) The audit should only focus on positive achievements.
(D) The community's opinion should be disregarded if it conflicts with official data.

128. An effective strategy for improving the retention of health workers in underserved areas could be:
(A) Providing only punitive measures for those who refuse to go.
(B) Offering a package of financial and non-financial career incentives.
(C) Reducing the salaries of urban health workers to match rural levels.
(D) Making rural postings mandatory for only the junior-most clinical staff.

129. The term 'mainstreaming AYUSH' implies:
(A) Creating separate and isolated AYUSH facilities.
(B) Integrating AYUSH providers, therapies, and principles into the existing national health delivery framework.
(C) Banning the practice of modern medicine.
(D) Exporting all AYUSH practitioners to other countries.

130. The analysis of how power is distributed and exercised among different actors (e.g., government, medical associations, patient groups) in the health sector is a core component of:
(A) Health policy studies
(B) Medical audit
(C) Operations research
(D) Health management information systems

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131. Which of the following is an example of a structural standard for quality in a primary health center?
(A) The politeness of the receptionist.
(B) The percentage of children fully immunized.
(C) The availability of a continuous supply of clean water and electricity.
(D) The recovery rate of patients with diarrhea.

132. A researcher wishes to study the effectiveness of a new public health program. She collects data from a group that received the program and a group that did not. She is concerned about protecting the identities of all participants. This concern relates to the ethical principle of:
(A) Beneficence
(B) Justice
(C) Autonomy
(D) Confidentiality

133. Which of the following is the most appropriate role for a National Institute of Public Health during a novel disease outbreak?
(A) To take over and manage all clinical operations in various national hospitals.
(B) To focus only on its long-term, non-outbreak related research projects.
(C) To provide rapid technical guidance on diagnostics and management.
(D) To handle media communications by attributing blame to foreign nations.

134. Consider the following components for effective health planning and management:
(a) A clear definition of the problem and target population.
(b) Realistic objectives and targets.
(c) A robust monitoring and evaluation system.
(d) Ignoring the financial and human resource constraints.
(e) A mechanism for community participation.
Which of the above statement(s) is/are correct?
(A) Components (a), (b), and (c) only are correct.
(B) Components (b), (c), and (d) only are correct.
(C) Components (a), (b), (c), and (e) only are correct.
(D) All of the above components are correct.

135. "Queuing theory," which mathematically studies waiting lines, is a tool used in which domain of health systems research?
(A) Health Policy Analysis
(B) Social Audit
(C) Medical Audit
(D) Operations Research

136. Consider the following matched pairs:
1. System Analysis : Understanding the whole system and its parts.
2. HTA : Assessing only the cost of new equipment.
3. M&E : A one-time activity at the end of a project.
4. Operations Research : Using scientific methods for operational decisions.

Which of the above pair(s) is/are correctly matched?
(A) Pairs 1 and 4 are correctly matched.
(B) Pairs 2 and 3 are correctly matched.
(C) Pairs 1 and 2 are correctly matched.
(D) Pairs 3 and 4 are correctly matched.

137. Which of the following data would NOT typically be found in a routine Health Management Information System (HMIS) report from a primary health center?
(A) Number of antenatal care visits.
(B) Number of children immunized.
(C) Detailed genomic sequence of a virus.
(D) Stock level of essential medicines.

138. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : Social audits can empower communities and improve the accountability of health service providers.
Reason (R) : By providing a platform for public scrutiny and dialogue, social audits make service providers answerable to the people they serve.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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139. Which of the following is the BEST example of a well-functioning multi-disciplinary health team?
(A) A group of surgeons who meet for lunch but do not discuss patients.
(B) A nurse who independently manages all aspects of a patient's care.
(C) A hospital administrator who dictates clinical protocols to medical staff.
(D) A doctor, nurse, and therapist creating a coordinated care plan together.

140. Consider the following as potential parts of the "health workforce" or "Human Resources in Health":
(a) Doctors and nurses
(b) Pharmacists and laboratory technicians
(c) Health managers and administrative staff
(d) Community health workers (like ASHA)
Which of the above statement(s) is/are correct?
(A) Statement (a) only is correct.
(B) Statements (a) and (b) only are correct.
(C) Statements (a), (b), and (d) only are correct.
(D) All of the above statements are correct.

141. A potential benefit of integrating AYUSH practitioners into primary health care is:
(A) Increasing the workload on allopathic doctors.
(B) Confusing patients with too many treatment options.
(C) Increasing the number of available health providers, especially in underserved areas.
(D) Making healthcare more expensive.

142. A health policy document that outlines a country's 5-year strategy for combating tuberculosis is an example of:
(A) A reactive policy addressing a sudden crisis.
(B) An informal guideline with no legal standing.
(C) A piece of medical equipment.
(D) A long-term strategic policy.

143. Using patient mortality rates as a measure of a hospital's quality is an example of what type of indicator?
(A) Outcome indicator
(B) Structure indicator
(C) Process indicator
(D) Input indicator

144. In a public health emergency with scarce resources, the "utilitarian" approach to ethics would prioritize actions that:
(A) Save the most powerful or wealthy individuals first in the hierarchy.
(B) Produce the greatest good for the greatest number of people in total.
(C) Treat everyone on a first-come, first-served basis, regardless of severity.
(D) Respect the autonomy of every individual, even if it harms the community.

145. Match the Activities in List I with their Relevant Concepts in List II.
List I:
P. Developing a new vaccine,
Q. Deciding whether to include a new vaccine in the national program,
R. Tracking number of vaccine doses administered,
S. Auditing quality of vaccination service
List II:
1. Monitoring (HMIS),
2. Medical Audit,
3. Biomedical Research,
4. Health Technology Assessment (HTA)
(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-1, Q-2, R-3, S-4

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146. In the "planning spiral," what follows the 'Evaluation' stage?
(A) The 'Situational Analysis' for the next planning cycle.
(B) The end of the process.
(C) The budget allocation.
(D) The hiring of staff.

147. A hospital manager uses a computer simulation to test how different staff schedules would affect patient waiting times in the outpatient department. This is a clear application of:
(A) Social Audit
(B) Health Ethics
(C) Operations Research
(D) Medical History

148. Which of the following is a key domain that must be assessed in a Health Technology Assessment (HTA)?

(A) The color and design of the technology's packaging.
(B) The political affiliation of the inventor.
(C) The number of news articles written about it.
(D) The evidence for its clinical effectiveness and safety.

149. "A process of periodic assessment of the relevance, performance, efficiency, and impact of a project in relation to its stated objectives" is the definition of:
(A) Monitoring
(B) System Analysis
(C) Evaluation
(D) Health Planning

150. A major barrier to the use of HMIS data for local-level planning is:
(A) The data is always 100% accurate and requires no verification.
(B) Data is often aggregated at a higher level and not available for local use.
(C) Local managers are always highly trained in data analysis.
(D) The system is too simple and does not collect enough data points.

151. Consider the following statements about Medical and Social Audits:
(a) A Medical Audit is a retrospective review of clinical performance.
(b) A Social Audit is a tool for enforcing accountability of service providers to the community.
(c) Both are primarily focused on the financial aspects of healthcare.
(d) A Medical Audit is typically a peer-review process.
(e) A Social Audit often involves public platforms or 'Jansunwai'.
Which of the above statement(s) is/are correct?
(A) Statements (a), (b), and (c) only are correct.
(B) Statements (c), (d), and (e) only are correct.
(C) Statements (a), (b), (d), and (e) only are correct.
(D) All of the above statements are correct.

152. Which factor is most critical for the synergy of a health team?
(A) Effective inter-professional communication and collaboration.
(B) All team members having the same salary.
(C) The team being located in a modern building.
(D) Strict adherence to hierarchy with no feedback allowed.

153. 'Workforce planning' in the context of Human Resources in Health involves:
(A) Planning the daily work schedule for nurses.
(B) Planning the construction of staff quarters.
(C) Forecasting the future need for different categories of health workers and planning education and recruitment accordingly.
(D) Planning the annual staff picnic.

154. What is a key challenge to the scientific validation of some local health traditions?
(A) Lack of standardized formulations and the use of complex, multi-herb preparations that are difficult to analyze.
(B) The traditions are always ineffective.
(C) Complete lack of interest from the scientific community.
(D) The practitioners are unwilling to share their knowledge.

155. The following question consists of two statements regarding health policy.
Statement I : Health policies can only be formulated by the central government.
Statement II : Health policy is influenced by scientific evidence, political interests, and societal values.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is incorrect, but Statement II is correct.
(D) Statement I is correct, but Statement II is incorrect.

156. The National Accreditation Board for Hospitals & Healthcare Providers (NABH) in India provides standards that are primarily aimed at:
(A) Reducing the cost of healthcare to zero.
(B) Ensuring a minimum standard of quality and patient safety in hospitals.
(C) Increasing the profitability of private hospitals.

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medicine.
(C) Establishing a single, uniform medical system across the country.
(D) Making healthcare more complex and expensive for rural populations.

105. 'Policy analysis' can be conducted at which stages of the policy cycle?
(A) Only before the policy is formulated (prospective analysis).
(B) Only after the policy has been implemented (retrospective analysis).
(C) Both prospectively (before) and retrospectively (after).
(D) Policy analysis is not a recognized field of study.

106. In the Donabedian framework for quality assessment, 'Patient-reported outcome measures (PROMs)' would fall under which category?
(A) Outcome
(B) Structure
(C) Process
(D) Input

107. Which of the following is an example of an ethical dilemma in public health?
(A) A doctor deciding which of two equally effective drugs to prescribe.
(B) A nurse charting a patient's vital signs accurately.
(C) A hospital administrator preparing the annual budget.
(D) Mandatory quarantine restricting liberty for community health safety.

108. Which of the following activities is NOT a primary function of a National Institute of Public Health Research and Training?
(A) Conducting short-term training courses for health officials.
(B) Managing the payroll for all government doctors in the country.
(C) Carrying out research on priority health problems.
(D) Providing technical advice to the government on health policy.

109. Which planning approach starts with a detailed assessment of the health situation and needs of the population?
(A) Top-down planning
(B) Crisis planning
(C) Bottom-up planning
(D) Financial planning

110. Arrange the typical steps in conducting a Health Technology Assessment (HTA) in the correct sequence.
1. Synthesis of evidence
2. Formulation of policy question
3. Dissemination of findings
4. Appraisal and recommendation
(A) 1, 2, 3, 4
(B) 2, 4, 1, 3
(C) 3, 2, 1, 4
(D) 2, 1, 4, 3

111. The term 'data-for-action' is a key principle for which of the following?
(A) Health Management Information System (HMIS)
(B) Health Ethics Committee
(C) Human Resource Recruitment Policy
(D) Hospital architectural design

112. A social audit of a primary health center would most likely involve which activity?
(A) A review of the center's annual profit and loss financial statement.
(B) A public hearing for villagers to question service availability and quality.
(C) A microscopic examination of specific patient blood and tissue samples.
(D) An assessment of the doctor's surgical skills by an external specialist.

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113. Match the HRH Challenges in List I with their Descriptions in List II.
List I:
P. Brain Drain,
Q. Skewed Distribution,
R. Task Shifting,
S. In-service Training
List II:
1. Concentration of health workers in urban areas,
2. Migration of health workers to other countries,
3. Continuous professional development for existing staff,
4. Rational redistribution of tasks among

(B) The relationship between people and plants, including their use as medicines.
(C) The economic value of plants.
(D) The botanical classification of AYUSH drugs.

167. Which of the following best describes the 'content' of a health policy, as per the policy triangle framework?
(A) The process by which the policy was developed.
(B) The various stakeholders and actors involved.
(C) The political and economic context in which the policy was made.
(D) The specific measures, objectives, and principles outlined in the policy document.

168. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : Quality assessment in health services should include patient perspectives and experiences.
Reason (R) : Patient-centered care is a key dimension of high-quality healthcare, and patient feedback provides valuable insights into process and outcome quality that may not be captured by clinical metrics alone.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

169. What is the "dual loyalty" ethical problem faced by some health professionals?
(A) The choice between two different medical specializations.
(B) The dilemma of working in two different hospitals.
(C) The conflict between their duty to an individual patient and their duty to a third party, such as an employer or the state.
(D) The conflict between beneficence and non-maleficence.

170. Which statement best represents the relationship between national public health institutes and health policy?
(A) They should act as a source of independent, evidence-based advice to inform the development and evaluation of health policy.
(B) They are completely independent and should never interact with policy-makers.
(C) They are subordinate to policy-makers and must produce research that supports the current government's views.
(D) Their only role is to criticize government policy without offering alternatives.

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171. Which of the following questions would be addressed by Operations Research?
(A) What is the historical origin of the Hippocratic oath?
(B) What are the philosophical underpinnings of the concept of 'health'?
(C) How do community beliefs influence vaccination uptake?
(D) How can we schedule nurse shifts to provide adequate coverage while minimizing overtime costs?

172. The following question consists of two statements regarding monitoring and evaluation.
Statement I : Monitoring is done to check if the program activities are being implemented as planned.
Statement II : Evaluation is done to assess if the program has achieved its intended outcomes and impact.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is correct, but Statement II is incorrect.
(D) Statement I is incorrect, but Statement II is correct.

173. What is the most significant benefit of having a unified, national Health Management Information System (HMIS)?
(A) It ensures that every health worker has a high-end computer.
(B) It eliminates the need for managers to think or make decisions.

(D) Regulating the educational qualifications of doctors.

157. A doctor performs a life-saving surgery on a patient who was unconscious and unable to consent upon arrival. The doctor's action is ethically justified under the principle of:
(A) Autonomy
(B) Justice
(C) Implied Consent/Beneficence in an emergency
(D) Research ethics

158. Consider the following mandates that may be performed by a National Institute of Public Health Research and Training:
(a) Conducting applied research relevant to national health priorities.
(b) Providing post-graduate education in public health.
(c) Offering technical assistance to state health departments.
(d) Acting as a think tank for the Ministry of Health.
Which of the above statement(s) is/are correct?
(A) Statements (a) and (b) only are correct.
(B) Statements (c) and (d) only are correct.
(C) Statements (a), (b), and (c) only are correct.
(D) All of the above statements are correct.

159. A "top-down" approach to health planning is characterized by:
(A) Decisions being made at the central level and passed down to local levels for implementation.
(B) Plans being developed based on community feedback from the grassroots level.
(C) A complete lack of planning and a reliance on ad-hoc decisions.
(D) Planning done exclusively by international aid organizations.

160. Which of the following is the best description of a 'system'?
(A) A collection of random, unrelated parts.
(B) A set of interacting or interdependent components forming an integrated whole.
(C) A single, monolithic entity with no internal components.
(D) A strictly linear and predictable process.

161. 'Cost-effectiveness analysis', a key component of HTA, compares different interventions based on their:
(A) Total cost, regardless of the outcome.
(B) Cost per unit of health gain (e.g., cost per life-year saved).
(C) Total health gain, regardless of the cost.
(D) Popularity among physicians.

162. An effective HMIS provides information that is "ACTION" oriented. The 'A' in ACTION stands for:
(A) Accessible
(B) Analytical
(C) Absolute
(D) Administrative

163. Arrange the following steps of a Social Audit in the correct logical sequence.
(A) Awareness, information verification, follow-up, and public hearing.
(B) Public hearing, information verification, follow-up, and awareness creation.
(C) Awareness, information verification, public hearing, and follow-up.
(D) Awareness creation, public hearing, information verification, and follow-up.

164. Managing a health team effectively involves which of the following activities?
(A) Encouraging competition and rivalry between team members.
(B) Focusing only on the clinical tasks and ignoring team dynamics.
(C) A "laissez-faire" approach where the team has no leader or direction.
(D) Facilitating communication, defining roles, and resolving conflicts.

165. A "Human Resources in Health Information System" (HRHIS) is a specialized information system designed to:
(A) Track disease outbreaks.
(B) Monitor the stock of medicines.
(C) Manage the health workforce, including data on deployment, skills, and vacancies.
(D) Assess patient satisfaction.

166. In the context of local health traditions, 'ethnobotany' refers to the study of:
(A) The ethical principles of botany.

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Assertion (A) : In a multi-disciplinary health team, role clarity is essential for effective functioning.
Reason (R) : When roles are ambiguous or overlapping without coordination, it can lead to conflict, duplication of effort, and gaps in patient care.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

183. In the context of HMIS, 'data quality' refers to aspects like:
(A) The physical quality of the paper used for forms.
(B) The number of data entry operators employed.
(C) The brand of computers used for data entry.
(D) The completeness, accuracy, and timeliness of the data.

184. A 'balanced scorecard' is a management tool that can be used in health planning to:
(A) Track performance across financial, patient, and process views.
(B) Only track financial performance.
(C) Keep score in sports activities organized for staff.
(D) Balance the budget by cutting all non-essential services.

185. A key difference between 'Operations Research' and 'System Analysis' is that:
(A) System Analysis is a sub-field of Operations Research.
(B) Operations Research is only for military use, while System Analysis is for health.
(C) Operations Research is quantitative, while System Analysis is qualitative.
(D) There is no difference; the terms are identical in the context of health systems.

186. Which of the following actions demonstrates a commitment to quality improvement in health services?
(A) Systematically using data on adverse events to redesign protocols.
(B) Ignoring patient complaints because they are subjective.
(C) Punishing the individual who reports a medical error.
(D) Maintaining the same procedures and protocols for decades without review.

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187. The concept of 'mainstreaming AYUSH' involves a strategy of:
(A) Isolation
(B) Competition
(C) Substitution
(D) Co-location and Integration

188. Which of the following is NOT a typical step in the health policy cycle?
(A) Agenda Setting
(B) Product Marketing
(C) Policy Formulation
(D) Policy Implementation

189. Which of the following would be considered an 'adverse event' in the context of patient safety and quality assessment?
(A) A patient recovering fully from a disease as expected.
(B) A patient thanking a nurse for good care.
(C) A patient being harmed by medical care, rather than by their underlying disease.
(D) A doctor correctly diagnosing a common illness.

190. The principle of 'justice' in health ethics requires that:
(A) All patients receive the exact same treatment, regardless of their condition.
(B) Doctors should also act as judges in legal cases.
(C) Wealthy patients should always receive better care.
(D) The benefits and burdens of healthcare are distributed fairly.

191. A core function of a National Public Health Institute is 'capacity building'. This refers to:
(A) Strengthening the skills, knowledge, and abilities of the public health workforce and institutions.
(B) Building new hospital infrastructure.
(C) Increasing the storage capacity for medicines.
(D) Increasing the patient capacity of waiting

rooms.

192. Consider the following statements about a social audit:
(a) It is a government-led process with no community involvement.
(b) It aims to promote transparency and accountability.
(c) It compares official records with the reality on the ground as experienced by beneficiaries.
(d) It is a tool for community empowerment.
(e) Its findings are legally binding and can lead to immediate arrests.
Which of the above statement(s) is/are correct?
(A) Statements (a), (c), and (e) only are correct.
(B) Statements (b), (c), and (d) only are correct.
(C) Statements (a) and (e) only are correct.
(D) Statements (b), (d), and (e) only are correct.

193. A health manager analyzing the strengths, weaknesses, opportunities, and threats for a new community health program is using which management tool?
(A) Gantt Chart
(B) SWOT Analysis
(C) PESTLE Analysis
(D) Fishbone Diagram

194. The 'process' component in the Donabedian model of quality of care refers to:
(A) What is actually done in giving and receiving care.
(B) The physical facilities and equipment.
(C) The outcomes of care in terms of health and satisfaction.
(D) The qualifications of the medical staff.

195. Which of the following is the most accurate description of a Health Management Information System (HMIS)?
(A) A system solely for billing patients.
(B) A software program for scheduling doctor's appointments.
(C) An integrated system of health information for management functions.
(D) A registry of all qualified doctors in a country.

196. A key ethical issue in Health Technology Assessment (HTA) is:
(A) How to make the technology look as appealing as possible.
(B) How to maximize profits for the manufacturer.
(C) Whether the technology uses electricity or not.
(D) Ensuring that the assessment process is transparent and free from conflicts of interest.

197. Which of the following is an example of a 'push factor' in the migration of health workers?
(A) High salary in the destination country.
(B) Better research opportunities abroad.
(C) Poor working conditions and lack of resources in the home country.
(D) Active recruitment by foreign agencies.

198. Match the Terms in List I with their Descriptions in List II.
List I:
P. Health Policy,
Q. Health System,
R. Health Planning,
S. Health Management
List II:
1. The orderly process of setting health priorities and designing interventions,
2. The day-to-day implementation and coordination of health activities and resources,
3. The combination of all resources, organizations, and people for health actions,
4. A formal statement of intent and goals to guide decisions on health.
(A) P-4, Q-3, R-1, S-2
(B) P-3, Q-4, R-2, S-1
(C) P-4, Q-1, R-3, S-2
(D) P-1, Q-3, R-4, S-2

199. The "Unani" system of medicine, part of AYUSH, has its origins in:
(A) Ancient Chinese medicine.
(B) The indigenous traditions of the Amazon rainforest.
(C) The traditional medicine of Japan (Kampo).
(D) The teachings of Greek physicians like Hippocrates and Galen, further developed in the Arab/Persian world.

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200. "The systematic, critical analysis of the quality of medical care, including the procedures used for diagnosis and treatment, the use of resources, and the resulting outcome for the patient" is the definition of:
(A) Medical Audit
(B) Social Audit
(C) Financial Audit
(D) Environmental Audit

201. Which of the following best describes the principle of 'co-location' of AYUSH and allopathic services?
(A) Building AYUSH hospitals far away from allopathic ones.
(B) Training allopathic doctors to practice homeopathy.
(C) Offering AYUSH and allopathic facilities in the same location.
(D) Training AYUSH doctors to perform surgery.

202. The World Health Organization's framework for health systems describes them as having six "building blocks". Which of the following is NOT one of them?
(A) Political Lobbying
(B) Service Delivery
(C) Health Workforce
(D) Information (HMIS)

203. A health team comprises a doctor, nurse, and a community health worker. The doctor is responsible for diagnosis and treatment, the nurse for administering medication and patient education, and the community health worker for follow-up at home. This is an example of:
(A) Role ambiguity
(B) Role conflict
(C) Role reversal
(D) Role clarity

204. "A set of standards used to assess a healthcare organization's performance and guide quality improvement" is a definition of:
(A) A health policy
(B) An accreditation program
(C) A human resource policy
(D) A social audit report

205. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : The quality of data in a Health Management Information System is crucial for its utility.
Reason (R) : If managers perceive the data to be inaccurate or incomplete ('garbage in'), they will not trust it for decision-making ('garbage out').
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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206. 'Informed consent' has several key elements. Which one is NOT a required element?
(A) Disclosure (providing information)
(B) Capacity (patient is competent to decide)
(C) Voluntariness (no coercion)
(D) Agreement (patient must agree with the doctor's first recommendation)

207. A primary role of a National Institute of Public Health during peacetime (i.e., not during an outbreak) is:
(A) To strengthen health systems by conducting research, training, and providing technical support.
(B) To close down and wait for an emergency.
(C) To function as a general hospital for the public.
(D) To regulate the stock market.

208. Consider the following characteristics that may be identified with Health Systems Research:
(a) It should be problem-oriented and action-oriented.
(b) It must be conducted in isolation from policymakers and managers.
(c) It should be multi-disciplinary, involving fields like epidemiology, social science, and economics.
(d) It must be participatory, involving relevant stakeholders.
(e) It should be focused only on high-income countries.
Which of the above statement(s) is/are correct?
(A) Statements (a), (b), and (c) only are correct.

(B) Statements (a), (c), and (d) only are correct.
(C) Statements (b), (d), and (e) only are correct.
(D) All of the above statements are correct.

209. In health policy studies, what does 'stakeholder analysis' involve?
(A) Analyzing the financial stakes in a health enterprise.
(B) Assessing individuals or groups with interests in a policy.
(C) A geological survey of the land where a hospital will be built.
(D) Counting the number of wooden stakes in a hospital's fence.

210. Which statement accurately reflects the concept of management in health systems?
(A) It is an art and a science of getting things done through people to achieve organizational goals.
(B) It is a rigid set of rules that must be followed without deviation.
(C) It is only concerned with cost-cutting.
(D) It is a function performed exclusively by the most senior doctor.

211. Which of the following is an example of a 'outcome' of a health program, as distinct from an 'output'?
(A) 100 nurses were trained.
(B) 50 community meetings were held.
(C) A 20% reduction in the infant mortality rate in the project area.
(D) 10,000 pamphlets were distributed.

212. Arrange the following levels of health workforce from the most numerous and community-based to the most specialized and institution-based:
1. Specialist Doctor
2. Community Health Worker (e.g., ASHA)
3. Medical Officer at a Primary Health Centre
4. Nurse at a District Hospital
(A) 1, 4, 3, 2
(B) 2, 4, 3, 1
(C) 3, 2, 4, 1
(D) 2, 3, 4, 1

213. The main purpose of obtaining accreditation for a health facility, such as from NABH or JCI, is to:
(A) Increase the fees charged to patients.
(B) Fulfill a government requirement to close down the facility.
(C) Demonstrate a commitment to quality and patient safety to the public and stakeholders.
(D) Get a discount on medical equipment.

214. The 'R' in the A-R (Assertion-Reason) question format stands for:
(A) Rationale
(B) Reason
(C) Result
(D) Response

215. A public hearing or 'Jan Sunwai' is the cornerstone of which process?
(A) Medical Audit
(B) Health Technology Assessment
(C) Operations Research
(D) Social Audit

216. Which of the following scenarios best illustrates the ethical principle of 'Justice' in a public health context?
(A) Prioritizing vaccination for frontline health workers and the elderly during a pandemic with limited vaccine supply.
(B) A doctor spending four hours with one wealthy patient while a long queue waits.
(C) A hospital providing care only to patients who can pay upfront.
(D) A pharmaceutical company charging an exorbitant price for a life-saving drug.

217. In the context of M&E, an 'indicator' is:
(A) A complex narrative report.
(B) A personal opinion of the program manager.
(C) A variable whose value shows the state or level of something.
(D) The final goal of the project.

218. Match the National Institutes or Bodies in List I with their Primary Functions in List II.
List I:
P. NIHFW,
Q. NABH,
R. ICMR,
S. NMC
List II:
1. Regulation of medical education and practice,
2. Accreditation of hospitals and healthcare

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providers,
3. Promotion of biomedical and health research,
4. Apex technical institute for health training and research.

(A) P-4, Q-2, R-3, S-1
(B) P-3, Q-1, R-4, S-2
(C) P-4, Q-3, R-2, S-1
(D) P-1, Q-2, R-3, S-4

219. Which of the following is NOT a goal of effective Human Resources in Health management?
(A) To have the right number of health workers.
(B) To have them in the right places (distribution).
(C) To ensure they have the right skills.
(D) To encourage the most skilled workers to emigrate.

220. The "political" stream in Kingdon's model of agenda setting refers to:
(A) The technical feasibility of a policy solution.
(B) The national mood, election cycles, and the influence of interest groups.
(C) The way a problem is defined and framed.
(D) The budget allocated for a policy.

221. Consider the following statements regarding health planning and management:
(a) Planning is deciding in advance what to do, how to do it, when to do it, and who is to do it.
(b) Management is the process of implementing the plan to achieve the set objectives.
(c) Planning without effective management is a futile exercise.
(d) Management can be effective even without a clear plan.

Which of the above statement(s) is/are correct?
(A) Statements (a) and (b) only are correct.
(B) Statements (a), (b), and (c) only are correct.
(C) Statements (c) and (d) only are correct.
(D) All of the above statements are correct.

222. An Operations Research model that helps a blood bank manage its inventory of different blood types to minimize wastage due to expiry and shortages is an example of:
(A) Inventory Control Model
(B) Queuing Model
(C) Routing Model
(D) Simulation Model

223. What is the fundamental goal of a Health Management Information System (HMIS)?
(A) To support evidence-based decision-making at all levels of the health system.
(B) To create more paperwork for health workers.
(C) To monitor the personal emails of health staff.
(D) To replace doctors with computers.

224. The following question consists of two statements regarding medical audits.
Statement I : A medical audit is primarily a punitive process designed to identify and fire incompetent doctors.
Statement II : A medical audit is an educational and quality improvement process that uses peer review to identify and remedy gaps in care.
(A) Both Statement I and Statement II are correct.
(B) Both Statement I and Statement II are incorrect.
(C) Statement I is incorrect, but Statement II is correct.
(D) Statement I is correct, but Statement II is incorrect.

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225. "A group of health professionals from different disciplines who work together to provide comprehensive and coordinated care for a patient" is the definition of a:
(A) Social group
(B) Multidisciplinary health team
(C) Trade union
(D) Focus group

226. The "demotivating work environment" in rural public health facilities in India is a significant factor in the context of:
(A) Human Resources in Health retention
(B) Health Technology Assessment
(C) Social Audit methodology
(D) The history of AYUSH

227. The government's 'National Health Policy' document is a prime example of:
(A) A piece of health systems research.
(B) A medical audit report.
(C) A formal output of the health policy study

and formulation process.
(D) A human resource management tool.

228. ISO 9000 series of standards, when applied to a hospital, is primarily concerned with:
(A) The clinical outcomes of specific diseases.
(B) The hospital's financial profitability.
(C) The architectural beauty of the hospital building.
(D) The management systems and processes that ensure consistent quality.

229. A clinical trial where one group of patients receives a new drug and another group receives a placebo is designed to evaluate the drug's efficacy. The ethical principle that requires researchers to stop the trial if the new drug is found to be clearly harmful is:
(A) Autonomy
(B) Justice
(C) Non-maleficence
(D) Beneficence

230. A national institute is tasked with developing a curriculum for training public health managers. This falls under its core function of:
(A) Disease surveillance
(B) Capacity building and training
(C) Clinical service delivery
(D) Pharmaceutical regulation

231. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two statements carefully and select the correct answer using the codes given below.
Assertion (A) : Health systems research is essential for achieving universal health coverage.
Reason (R) : It provides the evidence needed to design and implement health systems that are effective, efficient, and equitable, ensuring that all people can access the quality health services they need without financial hardship.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

232. Which of the following is NOT a typical step in the Health Technology Assessment (HTA) process?
(A) The marketing slogan for the technology
(B) Efficacy and effectiveness
(C) Safety
(D) Cost-effectiveness

233. Consider the following statements about monitoring and evaluation (M&E):
(a) Monitoring is a routine, ongoing activity.
(b) Evaluation is a more episodic, in-depth assessment.
(c) Monitoring tracks inputs and activities, asking "are we on track?".
(d) Evaluation assesses outcomes and impact, asking "did we achieve our goal?".
(e) Both are crucial for program management and accountability.
Which of the above statement(s) is/are correct?
(A) Statements (a) and (b) only are correct.
(B) Statements (c) and (d) only are correct.
(C) Statements (a), (b), and (e) only are correct.
(D) All of the above statements are correct.

234. The primary aim of integrating AYUSH with local health traditions is to:
(A) Document, validate, and promote safe and effective traditional practices.
(B) Make these traditions more formal and less accessible.
(C) Replace all local traditions with standardized AYUSH practices.
(D) Create a market for AYUSH products in rural areas.

235. The concept of "quality assurance" in healthcare implies:
(A) A guarantee that every patient will be cured.
(B) The assurance that healthcare will always be free of charge.
(C) A focus only on the newest and most expensive technologies.
(D) A set of activities intended to provide confidence that quality requirements will be met.

236. The ethical principle that demands that health professionals be truthful and honest with their patients is called:
(A) Veracity

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(B) Fidelity
(C) Autonomy
(D) Paternalism

237. A key competency for a health manager is the ability to:
(A) Perform complex surgical procedures.
(B) Write prescriptions for all common diseases.
(C) Analyze data from the HMIS to identify problems and guide actions.
(D) Personally handle all patient complaints.

238. In the context of HRH, 'retention' refers to:
(A) The ability to recruit new staff.
(B) The process of training staff.
(C) The process of dismissing staff.
(D) The ability to keep staff from leaving their posts, especially in underserved areas.

239. The most significant challenge for a Health Management Information System (HMIS) is often:
(A) The gap between data generation and data utilization for decision making.
(B) Lack of data.
(C) Lack of information technology.
(D) The high cost of paper.

240. Which of the following is an example of a "competency-based" question?
(A) What is the capital of France?
(B) Describe a situation where you had to manage a conflict within your team.
(C) What year was the National Health Policy launched?
(D) Do you like working in public health?

241. What is the key difference between a medical audit and clinical research?
(A) Medical audit is always prospective, while research is always retrospective.
(B) Medical audit assesses current practice against a standard, while research seeks to create new knowledge.
(C) Medical audit does not require ethical approval, but research does.
(D) There is no difference.

242. Match the Health Planning Terms in List I with their Meanings in List II.
List I:
P. Goal,
Q. Objective,
R. Strategy,
S. Activity
List II:
1. A specific, measurable target,
2. A broad, long-term desired outcome,
3. A specific action taken to implement strategy,
4. A broad approach to achieve objectives.
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-1, R-4, S-3
(C) P-2, Q-4, R-1, S-3
(D) P-1, Q-3, R-2, S-4

243. The "3-legged stool" of Evidence-Based Medicine integrates clinical expertise, best research evidence, and:
(A) The doctor's personal opinion.
(B) The hospital's financial status.
(C) The patient's values and preferences.
(D) The latest health news in the media.

244. A national public health institute's role in 'surveillance' is best described as:
(A) Spying on the activities of hospital staff.
(B) Watching over patients in an ICU.
(C) A one-time survey of the population's health.
(D) The ongoing, systematic collection, analysis, and interpretation of health-related data.

245. Consider the following statements about Health Policy Studies:
(a) It is an interdisciplinary field.
(b) It examines the role of politics and power in health.
(c) It analyzes the process of policy making from agenda setting to evaluation.
(d) It is only concerned with the text of the policy document itself.
Which of the above statement(s) is/are correct?
(A) Statements (a) and (b) only are correct.
(B) Statements (c) and (d) only are correct.
(C) Statements (a), (b) and (c) only are correct.
(D) All of the above statements are correct.

246. The following question consists of two statements, one labeled as Assertion (A) and the other as Reason (R). Examine these two

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statements carefully and select the correct answer using the codes given below.

Assertion (A) : A well-managed multidisciplinary health team can provide more holistic patient care than a single practitioner.

Reason (R) : Team members from different professions bring diverse skills, perspectives, and knowledge, which, when integrated, can address the multifaceted needs (biomedical, psychological, social) of a patient.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

247. The primary reason for conducting a 'social audit' of a government health scheme is to:
(A) Verify financial accounts for tax purposes.
(B) Conduct a clinical trial of the scheme's interventions.
(C) Prepare a marketing brochure for the scheme.
(D) Enhance transparency, accountability, and citizen participation.

248. The most significant contribution of AYUSH systems to modern public health could be in the area of:
(A) Management of lifestyle and chronic diseases, and promotion of wellness.
(B) Emergency and trauma care.
(C) Organ transplantation.
(D) Neurosurgery.

249. Which of the following is the BEST example of a "Cause-Effect" relationship in public health management?
(A) Cause: A hospital is painted blue. Effect: The number of sunny days increases.
(B) Cause: The hospital director changes his car. Effect: Patient satisfaction scores improve.
(C) Cause: Robust HMIS use. Effect: Resource allocation becomes evidence-based.
(D) Cause: A nurse goes on vacation. Effect: The stock market rises.

250. Which of the following correctly lists key components of Health Systems Research?
(A) Operations Research, System Analysis, Health Technology Assessment, Monitoring and Evaluation.
(B) Only Clinical Trials and Laboratory Experiments.
(C) Financial Accounting, Human Resource Payroll, and Building Maintenance.
(D) Public Relations, Media Management, and Political Campaigning.

Direction : Please read the following source carefully.

Health planning and management constitute the foundational pillars for developing a robust and responsive public health infrastructure. Health planning is a systematic, data-driven process of setting priorities, defining objectives, and specifying the resources and strategies required to achieve health-related goals for a population. It is not a one-time event but a continuous, cyclical process involving situational analysis, priority setting, formulation of strategies, implementation, and evaluation. Management, on the other hand, is the operational arm of planning. It involves the effective and efficient use of resources—human, financial, and material—to implement the formulated plans. Key managerial functions include organizing tasks and teams, directing and leading personnel, coordinating various activities across different levels of the health system, and controlling performance against set targets. The synergy between planning and management is critical; a brilliant health plan will fail without competent management, and management without a clear plan lacks direction and purpose. Therefore, strengthening both capacities is essential for improving health outcomes and ensuring the sustainability of health programs. The ultimate aim is to bridge the gap between the health needs of the population and the available health services in an equitable and efficient manner.

Based on the above source, attempt the following five questions.

251. According to the paragraph, what is the fundamental nature of the health planning process?
(A) A singular, definitive event focused on resource allocation.
(B) A continuous and cyclical activity involving multiple stages.

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(C) A process primarily concerned with financial management.
(D) An operational exercise managed solely by frontline workers.

252. The paragraph describes health management as the:
(A) operational implementation of formulated health plans.
(B) theoretical framework for setting health priorities.
(C) process of situational analysis and data collection.
(D) evaluation phase of the health planning cycle.

253. What can be inferred about the relationship between health planning and management from the text?
(A) They are mutually exclusive functions performed by different agencies.
(B) Management is a preliminary step to the planning process.
(C) They are interdependent and complementary for program success.
(D) Planning is superior to management in achieving health goals.

254. Which of the following is NOT listed as a key managerial function in the paragraph?
(A) Organizing tasks and teams.
(B) Directing and leading personnel.
(C) Controlling performance against set targets.
(D) Formulating overarching health policy.

255. What does the text suggest is the ultimate objective of integrating health planning and management?
(A) To maximize the financial profitability of health services.
(B) To ensure the health system operates with minimal human resources.
(C) To align available health services with the population's health needs efficiently and equitably.
(D) To prioritize research and development over direct service delivery.

Direction : Please read the following source carefully.

Health Systems Research is a multidisciplinary field dedicated to improving the performance of health systems. Within this domain, specific methodologies like Operations Research and System Analysis are employed to address complex operational and structural challenges. Operations Research (OR) is a scientific approach that uses mathematical and analytical models to aid decision-making, particularly concerning the allocation and utilization of scarce resources. In a health context, OR can be used to optimize patient flow in a hospital, design efficient immunization delivery schedules, or manage pharmaceutical supply chains to prevent stockouts. System Analysis, conversely, takes a broader, holistic view of the health system. It involves examining the various components of the system—such as providers, patients, financing mechanisms, and information flows—and understanding the intricate relationships and feedback loops between them. The goal of System Analysis is to identify systemic weaknesses and points of leverage for intervention, rather than focusing on a single, isolated problem. While OR might be used to solve a specific logistical puzzle, System Analysis would be used to understand why that puzzle exists in the first place, considering all interacting parts of the health ecosystem. Together, these approaches provide a powerful toolkit for evidence-based management and planning.

Based on the above source, attempt the following five questions.

256. According to the text, what is the primary application of Operations Research (OR) in a health context?
(A) Understanding broad, systemic weaknesses in the health ecosystem.
(B) Aiding decision-making through analytical models for resource allocation.
(C) Examining the historical development of health policies.
(D) Conducting clinical trials for new medical treatments.

257. How does System Analysis differ from Operations Research as described in the paragraph?
(A) System Analysis uses mathematical models, whereas Operations Research does not.
(B) System Analysis focuses on isolated logistical problems, while Operations Research takes a holistic view.

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(C) System Analysis is exclusively concerned with financial mechanisms, whereas Operations Research focuses on patient flow.
(D) System Analysis examines the entire system and its interacting components, while Operations Research often targets specific operational issues.

258. Based on the paragraph, which of the following scenarios would be best addressed using a System Analysis approach?
(A) Understanding the root causes of low retention rates for rural health workers, considering factors like salary, housing, and community integration.
(B) Determining the optimal number of ambulances needed for a city.
(C) Creating an efficient duty roster for nurses in an emergency ward.
(D) Calculating the most cost-effective route for a mobile medical van.

259. What is the shared, overarching goal of using Operations Research and System Analysis in the health sector?
(A) To increase the profitability of private healthcare providers.
(B) To replace human decision-making with automated algorithms.
(C) To provide a toolkit for evidence-based management and planning.
(D) To focus solely on pharmaceutical supply chain management.

260. The paragraph suggests that Operations Research would be most useful for which of the following tasks?
(A) Designing an efficient immunization delivery schedule.
(B) Analyzing the political factors influencing health policy.
(C) Evaluating the ethical implications of a new health technology.
(D) Understanding the cultural beliefs affecting healthcare-seeking behavior.

Direction : Please read the following source carefully.

Within the framework of Health Systems Research, Monitoring and Evaluation (M&E) and Health Technology Assessment (HTA) are critical functions for ensuring accountability, efficiency, and quality. Monitoring is the continuous, routine collection of data on specified indicators to track progress towards achieving program objectives and to provide managers with real-time feedback on performance. It answers the question, "Are we doing things right?". Evaluation, in contrast, is a more periodic and systematic assessment of a program's design, implementation, and results. It seeks to answer more fundamental questions, such as "Are we doing the right things?" and "What impact have we had?". While monitoring focuses on inputs and outputs, evaluation is more concerned with outcomes and impact. Health Technology Assessment (HTA) is a distinct but related process. It is a form of policy research that examines the short- and long-term consequences of using a particular health technology. This assessment is comprehensive, considering not just clinical effectiveness but also the economic, social, ethical, and organizational implications. HTA provides policymakers with evidence to make informed decisions about which technologies (including drugs, devices, and procedures) should be adopted and how they should be used and paid for, thereby promoting value for money and patient safety.

Based on the above source, attempt the following five questions.

261. According to the paragraph, what is the primary purpose of monitoring?
(A) To assess the long-term impact of a health program on a population.
(B) To provide periodic judgments on the overall worth of a program.
(C) To examine the ethical implications of new health technologies.
(D) To continuously track progress against objectives using specified indicators.

262. How is evaluation distinguished from monitoring in the text?
(A) Evaluation is a continuous process, while monitoring is periodic.
(B) Evaluation asks if the right things are being done, while monitoring asks if things are being done right.
(C) Evaluation focuses on inputs and outputs, while monitoring focuses on outcomes and

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impact.
(D) Evaluation is conducted by program managers, while monitoring is done by external auditors.

263. What is the scope of a Health Technology Assessment (HTA) as described in the source?
(A) It is limited to assessing the clinical effectiveness of a new drug.
(B) It focuses only on the economic cost of a new medical device.
(C) It is a comprehensive examination of clinical, economic, social, and ethical aspects of a technology.
(D) It is a routine process of tracking the use of existing technologies.

264. The paragraph suggests that the main function of HTA is to:
(A) accelerate the adoption of all new health technologies regardless of cost.
(B) replace the need for monitoring and evaluation of health programs.
(C) conduct clinical trials to establish the initial safety of a technology.
(D) provide evidence to policymakers for informed decisions on technology adoption.

265. Which question is characteristic of an 'evaluation' process, according to the text?
(A) What has been the overall reduction in disease incidence due to the vaccination program?
(B) How many children were vaccinated this month compared to the target?
(C) Are the vaccine stocks being stored at the correct temperature?
(D) Did the health workers submit their weekly reports on time?

Direction : Please read the following source carefully.

The Health Management Information System (HMIS) is an essential tool for effective health system governance, planning, and decision-making. It is not merely a technological platform but a comprehensive system designed for the collection, processing, analysis, and dissemination of health-related data. A robust HMIS integrates data from various levels of the healthcare delivery system, from community-level health workers to tertiary care hospitals, creating a unified repository of information. The primary function of an HMIS is to provide timely, accurate, and reliable information to managers, policymakers, and service providers. This information pertains to a wide range of indicators, including service delivery (e.g., immunizations given, outpatient attendance), resource management (e.g., drug availability, staff attendance), and epidemiological surveillance (e.g., disease outbreaks). By analyzing this data, managers can monitor performance, identify bottlenecks, allocate resources more effectively, and plan for future health needs. An effective HMIS supports evidence-based decision-making, enhances accountability, and improves the overall efficiency and quality of health services. Its success, however, depends not just on the technology itself, but on factors like the capacity of staff to use the data, the existence of a culture of information use, and the quality and completeness of the data being entered.

Based on the above source, attempt the following five questions.

266. What is the most accurate description of a Health Management Information System (HMIS) based on the paragraph?
(A) A standalone software for hospital patient registration.
(B) A comprehensive system for collecting, analyzing, and disseminating health data for decision-making.
(C) A system solely for tracking disease outbreaks.
(D) A hardware repository for storing medical equipment records.

267. According to the text, the primary function of an HMIS is to:
(A) provide direct clinical care to patients.
(B) supply timely, accurate, and reliable information to decision-makers.
(C) generate financial profits for the health facility.
(D) train medical staff in new surgical procedures.

268. The paragraph suggests that the success of an HMIS is dependent on which of the following?
(A) The technology as well as human and

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ANSWERS

1. (B) The orderly process of defining health problems, unmet needs, and surveying resources to meet them.
Health planning represents a systematic and organized methodology used by administrators to identify specific healthcare challenges and address the unfulfilled requirements of a population. This procedure involves a thorough assessment of existing assets and resources to determine how they can be most effectively utilized. By defining priorities and mapping out strategic interventions, this process ensures that healthcare delivery is both purposeful and efficient for the community.

2. (D) Statement I is incorrect, but Statement II is correct regarding the holistic use of health resources.
Health management is a multi-dimensional field that extends far beyond simple financial oversight or accounting. It encompasses the strategic and optimal coordination of human expertise, financial capital, and material supplies to meet specific health targets. Effective management requires an integrated approach to resource utilization, ensuring that every organizational asset contributes to the overarching goal of improving patient outcomes and maintaining a robust healthcare system for all.

3. (C) PESTLE Analysis
When a health manager seeks to understand the external environment, PESTLE analysis is the most appropriate strategic tool. It systematically examines political, economic, social, technological, legal, and environmental factors that may influence a public health program. Unlike internal tools or scheduling charts, this comprehensive framework allows for a deep understanding of the broader context, helping to anticipate potential challenges and opportunities within the external landscape.

4. (D) Diagnosing
In the context of health systems, planning, organizing, and controlling are fundamental functions of management that ensure organizational goals are met. These activities involve setting objectives, allocating resources, and monitoring performance. Diagnosing, however, is primarily a clinical function performed by medical professionals to identify diseases in individual patients. It is not considered a core administrative task within the general management cycle of a health organization.

5. (C) It is primarily focused on laboratory-based biomedical experimentation.
Operations Research utilizes scientific and mathematical methods to analyze and improve the performance of complex health systems. It is effectively used to optimize the allocation of resources, such as determining the best locations for ambulance placement. This field provides quantitative insights for decision-makers to solve operational problems. It is distinct from biomedical experimentation, which typically takes place in laboratories and focuses on biological or clinical research.

6. (B) System Analysis
System analysis is a specific type of health systems research that focuses on the detailed examination of a complex entity to identify its various components and their interrelationships. This approach helps in understanding how different parts of a health program interact to form a functioning whole. By dissecting these interactions, researchers can identify bottlenecks and improve overall efficiency, ensuring that all program elements work.

7. (D) To inform policy on using health technologies in a safe and cost-effective manner.
The fundamental objective of Health Technology Assessment is to provide evidence-based information that guides policy decisions regarding the adoption and use of medical technologies. This process involves evaluating the safety, efficacy, and cost-effectiveness of various interventions, ranging from drugs to complex equipment. By analyzing these factors, the assessment ensures that healthcare resources

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(C) It primarily examines the affordability of care.
(D) Its findings are always made public to ensure transparency.

275. The text implies that a key difference in the scope of the two audits is that:
(A) Medical Audits are for public hospitals, while Social Audits are for private clinics.
(B) Medical Audits focus on improving infrastructure, while Social Audits focus on improving staff skills.
(C) Social Audits extend beyond clinical quality to include issues like accessibility and affordability.
(D) Social Audits are a one-time event, whereas Medical Audits are a continuous process.

Direction : Please read the following source carefully.

The effective delivery of health services is contingent upon the availability, competence, and management of Human Resources in Health (HRH). HRH encompasses not just doctors and nurses, but the entire spectrum of clinical, administrative, and support staff who contribute to the functioning of the health system. A critical aspect of health systems management is the strategic management of these human resources, which includes planning, recruitment, deployment, training, motivation, and retention. The concept of a health team is central to modern healthcare delivery. A health team can be defined as a group of individuals with diverse skills and professional backgrounds who work collaboratively towards the common goal of improving patient health. Effective management of these teams involves fostering clear communication, defining roles and responsibilities, promoting mutual respect, and resolving conflicts. The challenge lies in coordinating these diverse professionals to function as a cohesive unit rather than as individuals working in silos. Poor management of HRH can lead to a host of problems, including maldistribution of staff (e.g., urban-rural divide), high attrition rates, low morale, and ultimately, a decline in the quality of care. Therefore, investing in HRH management is not an administrative overhead but a core strategic imperative for achieving health system goals.

Based on the above source, attempt the following five questions.

276. According to the paragraph, who is included in the definition of Human Resources in Health (HRH)?
(A) The entire range of clinical, administrative, and support staff.
(B) Only doctors and nurses working in government hospitals.
(C) Only the administrative staff responsible for hospital management.
(D) Patients and their families who participate in care.

277. What is presented as a central concept for modern healthcare delivery in the text?
(A) The use of advanced robotic surgery.
(B) The focus on individual practitioner autonomy.
(C) The privatization of all health services.
(D) The concept of a health team working collaboratively.

278. Which of the following is NOT mentioned as a component of strategic HRH management?
(A) Recruitment and deployment.
(B) Marketing health services to consumers.
(C) Training and motivation.
(D) Planning and retention.

279. The paragraph suggests that a consequence of poor management of HRH could be:
(A) an oversupply of staff in rural areas.
(B) high morale and low attrition rates.
(C) a maldistribution of staff and a decline in quality of care.
(D) an increase in the number of medical colleges.

280. What is the main argument made in the text regarding investment in HRH management?
(A) It is an unnecessary administrative overhead that increases costs.
(B) It is important only for private sector hospitals.
(C) It should be prioritized over the procurement of medical supplies.
(D) It is a core strategic imperative for achieving health system goals.

Direction : Please read the following source carefully.

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The integration of traditional and complementary medicine into mainstream public health is gaining recognition globally. In the Indian context, the role of AYUSH—an acronym for Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy—is particularly significant in strengthening local health traditions and expanding the reach of healthcare services. These systems of medicine are deeply rooted in the cultural and social fabric of the country and have historically served the primary healthcare needs of many communities, especially in rural and remote areas. The formal recognition and promotion of AYUSH within the public health framework aims to leverage this existing infrastructure and knowledge base. The role of AYUSH in local health traditions involves not only the provision of clinical care but also the promotion of preventive and promotive health, emphasizing lifestyle, diet, and a holistic approach to well-being. By integrating AYUSH practitioners into the health system, it is possible to improve the provider-to-population ratio and offer a wider range of healthcare choices to citizens. This co-location and collaboration can help in managing the burden of non-communicable diseases and promoting mental and physical wellness. However, this integration requires a systematic approach, including standardization of practices, quality control of medicines, and evidence-based research to validate efficacy and ensure safety.

Based on the above source, attempt the following five questions.

281. What does the acronym AYUSH stand for, as per the text?
(A) Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy.
(B) Association for Yoga and Universal Siddha Heritage.
(C) Allied Yogic and Unani Systems of Healing.
(D) Ayurvedic, Youthful, and Universal Health Systems.

282. According to the paragraph, what is a key aspect of the role of AYUSH in local health traditions?
(A) A focus exclusively on curative treatment for infectious diseases.
(B) The promotion of preventive health, lifestyle, and a holistic approach.
(C) The replacement of modern medicine with traditional practices.
(D) The manufacturing of allopathic pharmaceutical drugs.

283. The paragraph suggests that one of the primary benefits of integrating AYUSH into the public health system is:
(A) to reduce the focus on preventive and promotive health.
(B) to improve the provider-to-population ratio.
(C) to limit the healthcare choices available to citizens.
(D) to exclusively serve urban populations.

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284. What does the text identify as a requirement for the successful integration of AYUSH?
(A) A systematic approach including standardization and quality control.
(B) The complete abandonment of allopathic medicine.
(C) Keeping AYUSH practices entirely separate from modern health facilities.
(D) Focusing only on the cultural aspects without scientific validation.

285. The passage indicates that AYUSH systems have historically been important for:
(A) providing advanced surgical interventions in tertiary care hospitals.
(B) managing the logistics of the national pharmaceutical supply chain.
(C) serving the primary healthcare needs of many communities, particularly in rural areas.
(D) conducting international health policy studies.

Direction : Please read the following source carefully.

Health policy studies are a crucial area of academic and practical inquiry that examines the processes, content, and outcomes of decisions made within the health sector. This field is inherently interdisciplinary, drawing on insights from political science, sociology, economics, and public health. The primary objective of health policy studies is to understand and explain how and why health policies are formulated, implemented, and what impact they have on health systems and populations. The analysis often involves exploring the roles of various actors, including

government bodies, international organizations, civil society, and the private sector, in shaping the policy agenda and influencing decisions. A key focus is the 'policy triangle' framework, which considers the interplay of context, content, actors, and process. Understanding these dynamics is vital for advocating for evidence-based policies, improving the policy-making process itself, and evaluating the effectiveness of existing policies. For example, a policy study might analyze why a country adopted a particular national health insurance scheme, examining the political climate (context), the details of the scheme (content), the lobbying by different interest groups (actors), and the legislative journey of the bill (process). Such studies provide valuable lessons for future policy development and contribute to building more equitable and effective health systems.

Based on the above source, attempt the following five questions.

286. According to the text, what is the primary objective of health policy studies?
(A) To provide clinical treatment for diseases.
(B) To manufacture and distribute pharmaceuticals.
(C) To manage the day-to-day operations of a single hospital.
(D) To understand, explain, and analyze the formulation, implementation, and impact of health policies.

287. The paragraph describes health policy studies as an interdisciplinary field drawing on insights from various disciplines EXCEPT:
(A) Political Science.
(B) Economics.
(C) Clinical Medicine.
(D) Sociology.

288. The 'policy triangle' framework mentioned in the text involves the interplay of which four elements?
(A) Cost, benefit, risk, and feasibility.
(B) Context, content, actors, and process.
(C) Planning, implementation, monitoring, and evaluation.
(D) Doctors, nurses, patients, and administrators.

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289. Based on the example provided, a health policy study would likely analyze which of the following?
(A) The cellular mechanism of a new cancer drug.
(B) The appropriate statistical test for a clinical trial.
(C) The architectural design for a new hospital wing.
(D) The reasons and processes behind the adoption of a national health insurance scheme.

290. What is the implied value of conducting health policy studies, according to the paragraph?
(A) They provide lessons for future policy development and contribute to equitable health systems.
(B) They guarantee immediate increases in government health budgets.
(C) They eliminate the need for public debate on health issues.
(D) They serve a purely theoretical purpose with no practical application.

Direction : Please read the following source carefully.

The quality of health services is a multidimensional concept that is paramount for achieving desired health outcomes and ensuring patient satisfaction. Quality assessment in healthcare is a systematic process used to measure the performance of services against predetermined parameters and standards. These standards can be structural, process-oriented, or outcome-based. Structural standards pertain to the attributes of the setting where care is delivered, such as the adequacy of facilities, equipment, and staff qualifications. Process standards focus on the activities of giving and receiving care, assessing whether correct and appropriate procedures, clinical guidelines, and protocols are being followed by health professionals. Outcome standards, considered the most definitive measure, evaluate the end results of care on the health status of patients and populations, including changes in morbidity, mortality, and quality of life. A comprehensive quality assessment framework incorporates all three types of standards, as they are intrinsically linked; good structure increases the likelihood of good process, and good process increases the

likelihood of good outcomes. The goal of this assessment is not merely to identify deficiencies but to drive a continuous cycle of quality improvement, ensuring that health services are safe, effective, patient-centered, timely, efficient, and equitable.

Based on the above source, attempt the following five questions.

291. According to the paragraph, what do 'structural standards' in quality assessment refer to?
(A) The end results of care on a patient's health status.
(B) The procedures and protocols followed during care delivery.
(C) The attributes of the setting, such as facilities and staff qualifications.
(D) The financial cost of the healthcare service.

292. The assessment of whether clinical guidelines are being correctly followed by health professionals would fall under which category of standards?
(A) Process standards.
(B) Structural standards.
(C) Outcome standards.
(D) Financial standards.

293. Which type of standard is described in the text as the "most definitive measure" of quality?
(A) Structural standards, because they are the easiest to measure.
(B) Process standards, because they reflect professional diligence.
(C) Input standards, because they relate to funding.
(D) Outcome standards, because they evaluate the end results on health status.

294. What is the ultimate goal of quality assessment as described in the paragraph?
(A) To punish underperforming healthcare professionals.
(B) To drive a continuous cycle of quality improvement.
(C) To reduce the number of patients accessing services.
(D) To focus exclusively on the profitability of the service.

295. The text suggests a relationship between the different types of standards. What is this relationship?
(A) They are independent and should be assessed in isolation.
(B) Outcome standards are the only ones that matter; structure and process are irrelevant.
(C) Good structure and process are prerequisites that increase the likelihood of good outcomes.
(D) Good outcomes can be achieved even with poor structure and process.

Direction : Please read the following source carefully.

Ethics in health care provides a moral compass for professionals and institutions, guiding their decisions and actions to ensure they are right and good. Central to medical ethics are core principles such as beneficence (acting in the patient's best interest), non-maleficence (doing no harm), autonomy (respecting the patient's right to self-determination), and justice (ensuring fairness and equitable distribution of resources and care). These principles are critical in navigating complex dilemmas that arise in clinical practice, research, and health policy. Complementing the role of ethical practice are National Institutes of Public Health Research and Training. These institutions serve as vital hubs for generating evidence, building capacity, and setting standards in public health. Their role extends to conducting cutting-edge research on pressing health issues, translating research findings into policy and practice, and providing specialized training to develop a competent public health workforce. By undertaking research and offering training programs, these institutes contribute to the evidence base for ethical decision-making and help disseminate best practices across the health system. For instance, research conducted by such institutes can inform fair policies for resource allocation (justice), while their training programs can reinforce the importance of informed consent (autonomy) among healthcare providers.

Based on the above source, attempt the following five questions.

296. Which ethical principle is defined in the text as "respecting the patient's right to self-determination"?

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(A) Beneficence.
(B) Non-maleficence.
(C) Justice.
(D) Autonomy.

297. The principle of 'justice' in healthcare ethics, as described in the paragraph, is primarily concerned with:
(A) fairness and equitable distribution of care and resources.
(B) acting only in the patient's best interest.
(C) avoiding any harm to the patient.
(D) the patient's right to make their own choices.

298. What is the described role of National Institutes of Public Health Research and Training in the context of ethics?
(A) To act as a court for resolving all medical malpractice cases.
(B) To generate evidence and provide training that supports ethical practice and decision-making.
(C) To exclusively fund private pharmaceutical companies.
(D) To directly manage the day-to-day operations of all public hospitals.

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299. How can the work of National Institutes support the ethical principle of 'justice', according to the text?
(A) By ensuring every provider follows the patient's wishes without question.
(B) By conducting research that informs fair policies for resource allocation.
(C) By developing new technologies that do no harm.
(D) By acting in the best interest of every individual patient they encounter.

300. The paragraph suggests that the functions of research and training by National Institutes are intended to:
(A) build capacity and translate findings into policy and practice.
(B) replace the need for ethical principles in healthcare.
(C) operate in isolation from the realities of clinical practice.
(D) increase the complexity of ethical dilemmas for providers.

cultural factors.
(B) The speed of the internet connection exclusively.
(C) The brand of the computer hardware used.
(D) The exclusion of community-level health data.

269. Which of the following is NOT mentioned in the text as a benefit of an effective HMIS?
(A) It enhances accountability.
(B) It supports evidence-based decision-making.
(C) It guarantees the elimination of all diseases.
(D) It helps in the effective allocation of resources.

270. Based on the text, an HMIS integrates data from various levels to create a:
(A) separate database for each hospital.
(B) public-facing website for patient complaints.
(C) billing and insurance processing system.
(D) unified repository of information.

Direction : Please read the following source carefully.

Audits in the healthcare sector are systematic, independent reviews designed to assess quality, ensure accountability, and promote improvement. Two significant forms of such reviews are Medical and Social Audits. A Medical Audit is a quality improvement process that focuses on the clinical aspects of healthcare. It involves a critical, peer-led review of clinical care against explicit standards and criteria, with the aim of identifying deficiencies and improving the quality of patient care and outcomes. For instance, a medical audit might review the management of patients with a specific condition, like diabetes, to see if care protocols were followed correctly. The process is typically confidential and educational, intended to improve professional practice rather than to be punitive. In contrast, a Social Audit is a broader mechanism that involves community participation to assess the performance of public services, including health services, from the perspective of its users and stakeholders. It extends beyond clinical quality to examine issues like accessibility, affordability, availability of staff and supplies, and patient rights. A social audit empowers the community to hold service providers and public officials accountable by comparing official records and expenditures with the reality on the ground. While a medical audit is an internal, professional-led process, a social audit is an external, citizen-led process of ensuring transparency and accountability.

Based on the above source, attempt the following five questions.

271. What is the primary focus of a Medical Audit as described in the paragraph?
(A) The financial performance of a hospital.
(B) The community's perception of health services.
(C) The clinical aspects of healthcare and professional practice.
(D) The availability of staff and medical supplies.

272. How does a Social Audit differ from a Medical Audit according to the text?
(A) A Social Audit is confidential and professional-led, while a Medical Audit is public and citizen-led.
(B) A Social Audit involves community participation to assess service performance, while a Medical Audit is a peer-led review of clinical care.
(C) A Social Audit is concerned with clinical protocols, whereas a Medical Audit focuses on patient rights.
(D) A Social Audit is a quality improvement process, whereas a Medical Audit is purely for punitive action.

273. The paragraph suggests that the primary purpose of a Social Audit is to:
(A) review the technical accuracy of surgical procedures.
(B) provide a confidential educational forum for doctors.
(C) set explicit clinical standards for disease management.
(D) empower the community to hold service providers accountable.

274. Based on the description, which of the following is a characteristic feature of a Medical Audit?
(A) It is a peer-led review against explicit clinical criteria.
(B) It is led by community members and activists.

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are allocated to technologies that provide the greatest benefit to the population.

8. (A) Both A and R are true and R is the correct explanation of A.
Monitoring and evaluation are indispensable parts of the health planning cycle because they provide the critical feedback needed for successful program management. These processes allow administrators to track ongoing progress, identify emerging challenges, and evaluate the final impact of interventions. Without the insights gained from evaluation, it would be impossible to make informed adjustments or assess whether health objectives are being met effectively.

9. (C) The resources such as staff, money, and materials used in the program.
In the framework of system analysis, the term input refers specifically to the various resources invested into a health program to achieve its objectives. These resources include human capital such as staff, financial funding, and physical materials or equipment. Inputs are the necessary building blocks that undergo processing and activities to eventually produce specific outputs and broader health outcomes for the target population.

10. (B) Statements (b) and (d) only are correct regarding system functions.
A Health Management Information System is primarily designed to facilitate planning, management, and decision-making within health organizations by providing relevant data. For such a system to be effective, the data it handles must be both timely and accurate. This allows managers to respond to health trends and operational needs promptly. Its core utility lies in supporting administrative functions rather than serving as a tool for research.

11. (D) To improve medical quality by systematically reviewing it against criteria.
The primary goal of a medical audit is to enhance the quality of clinical care by systematically reviewing medical practices against established standards and criteria. This process involves assessing diagnostic and treatment procedures to identify gaps and areas for improvement. Unlike legal proceedings, medical audits focus on professional learning and system enhancement, ensuring that patients receive care that is consistent with the latest best practices.

12. (B) A process where health program details are shared with the community for feedback.
A social audit in public health is a participatory process designed to promote transparency and accountability. It involves sharing detailed information about health program implementation with the community members who are the intended beneficiaries. This allows the public to provide direct feedback, voice concerns, and verify whether the services were delivered effectively. Such audits empower communities and ensure that health providers remain responsive to local needs.

13. (A) P-3, Q-1, R-2, S-4
Different types of research and audits serve distinct purposes within a health system. Operations research focuses on optimizing resource use and processes, while medical audits review the quality of clinical care against standards. Social audits prioritize community participation and accountability to the public. Finally, system analysis is concerned with understanding the various components of a system and the complex interactions that occur between them.

14. (D) The social media presence of individual team members.
The performance of a health team depends on professional factors like clear communication, shared goals, and effective leadership. These elements ensure that team members work together efficiently toward patient care objectives. Conversely, the social media presence of individual staff members is an external personal activity that does not directly influence the clinical effectiveness or collaborative synergy of the team in a professional healthcare environment.

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15. (C) Statement I is correct, but Statement II is incorrect.
Planning for human resources in health involves a detailed estimation of the number and types of health workers required to achieve specific population health goals. While medical colleges play a role in training, the overall management of the health workforce is a broad responsibility. It involves various government agencies, healthcare facilities, and policy-makers who

oversee recruitment, deployment, and retention strategies to ensure an adequate supply of providers.

16. (B) Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy.
In India, the acronym AYUSH represents a comprehensive group of traditional and alternative medical systems that are officially recognized. These include Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy. These systems offer diverse approaches to health and wellness, often focusing on holistic and preventive care. The government promotes these systems alongside modern medicine to provide a pluralistic healthcare environment that respects traditional knowledge and cultural preferences.

17. (B) Identification of a health problem and agenda setting.
The formulation of health policy typically begins with the critical steps of problem identification and agenda setting. This stage involves recognizing a specific health challenge that requires governmental intervention and ensuring it receives the attention of policy-makers. By prioritizing certain issues over others, this process determines which health concerns will move forward into the formal stages of drafting, resource allocation, and eventual implementation within the health system.

18. (A) The number of qualified nurses per bed in a hospital.
According to the Donabedian model, quality in healthcare is assessed through structure, process, and outcome. The structure component focuses on the physical and organizational attributes of the setting where care is provided. A key parameter for assessing structure is the adequacy of resources, such as the ratio of qualified nurses to hospital beds. This reflects the facility's capacity to deliver care, rather than the actual care delivered.

19. (C) Profitability.
The four core principles of biomedical ethics are autonomy, beneficence, non-maleficence, and justice. These principles guide medical professionals in making ethical decisions that prioritize patient rights, welfare, safety, and fairness. Profitability is a financial objective and does not constitute a fundamental ethical principle in the clinical or moral governance of healthcare. Ethical practice requires focusing on the patient's best interest rather than the financial gain of the institution.

20. (D) New Delhi.
The National Institute of Health and Family Welfare is a premier apex body in India dedicated to public health research, training, and education. It is located in New Delhi and serves as a vital technical resource for the Ministry of Health and Family Welfare. The institute plays a major role in developing human resources and providing evidence-based insights to strengthen the country's national health and family welfare programs.

21. (C) A continuous process of planning, implementation, and evaluation.
The concept of a planning cycle signifies that health planning is not a one-time event but a continuous and dynamic process. It involves a sequence of stages where a plan is formulated, implemented, and then rigorously evaluated. The findings from the evaluation stage provide the necessary data to begin the next cycle of planning. This iterative approach allows for constant refinement and adjustment to meet changing health needs.

22. (B) Determining the most efficient routing for vaccine delivery vans.
Operations Research is specifically designed to solve complex logistics and operational problems using mathematical modeling and scientific methods. In a district health system, it can be applied to optimize vaccine delivery by determining the most efficient routes for transport vans. This ensures that vaccines reach their destination promptly while minimizing fuel costs and time. This quantitative approach helps health managers make data-driven decisions to enhance overall system efficiency.

23. (D) Examining the interplay between vaccination, staff, and beliefs.
A system analysis approach to a disease outbreak goes beyond simple case counting to examine the broader context of the event. It involves investigating the complex interactions between various factors, such as vaccination coverage, the

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availability of health staff, and community health beliefs. By understanding how these different elements influence one another, health officials can identify the root causes of the outbreak and develop more effective strategies for prevention.

24. (D) All aspects (a), (b), (c), (d), and (e).
A comprehensive Health Technology Assessment considers a wide range of factors to inform policy decisions. This includes evaluating clinical effectiveness and cost-effectiveness to ensure the technology is safe and affordable. Furthermore, it examines the ethical and social implications, patient preferences, and the organizational impact of adopting the new technology. By considering all these dimensions, the assessment provides a holistic view of the technology's potential value and its consequences.

25. (C) Monitoring tracks progress continuously, while evaluation assesses impact.
Monitoring and evaluation differ primarily in their timing and focus. Monitoring is a continuous process that tracks the day-to-day progress of program activities to ensure they are on schedule. Evaluation, on the other hand, is a periodic assessment that focuses on the broader results and long-term impact of a program. While monitoring answers whether activities are being performed, evaluation determines whether those activities actually achieved the intended health outcomes.

26. (A) Health Management Information System (HMIS).
Indicators such as the percentage of reports submitted on time are used to assess the efficiency and reliability of a Health Management Information System. Timely reporting is essential for managers to have current data for decision-making and performance tracking. This indicator reflects the administrative health of the system and the level of compliance among health facilities. A well-functioning system ensures that data flows consistently to support effective health management.

27. (D) The community and the public.
The primary audience for a social audit is the community and the general public. This participatory process is designed to empower local citizens by providing them with information about how health programs are being managed in their area. By making findings public, social audits foster a sense of ownership and accountability. The goal is to ensure that service providers are answerable to the people they serve through open dialogue.

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28. (B) Team members come from various professional fields and work together.
A multidisciplinary health team consists of individuals from different professional backgrounds, such as doctors, nurses, social workers, and therapists, who collaborate to provide care. This approach recognizes that complex health problems often require a variety of perspectives and specialized skills. By working together, these professionals can address the diverse needs of patients more comprehensively than any single profession could alone, leading to better clinical outcomes and patient experiences.

29. (A) Both A and R are true and R is the correct explanation of A.
The phenomenon of brain drain poses a significant challenge for human resources in many developing nations. This occurs when highly trained health professionals migrate to more developed countries in search of better opportunities. This migration leads to a critical shortage of skilled personnel in their home countries, undermining the local health system's ability to provide essential services. The loss of investment in their education further exacerbates the health challenges.

30. (D) Provide a pluralistic and integrated system of healthcare to the public.
The integration of AYUSH into the mainstream health system is intended to create a pluralistic healthcare environment for the public. By offering traditional medical systems alongside modern allopathic medicine, the government aims to provide citizens with a wider range of treatment options. This integrated approach respects cultural traditions while leveraging the strengths of both systems to improve overall health outcomes and ensure that services are accessible and acceptable to everyone.

31. (A) Health financing.
A policy that mandates health insurance for all citizens is primarily focused on the health

addressed. This phase involves examining the various factors and determinants that contribute to the issue. By mapping out these interconnections, planners can identify the most effective points for intervention. This foundational knowledge is essential for developing a strategic plan that is relevant to the specific needs of the population.

47. (A) Operations Research.
A study aimed at optimizing hospital resources, such as determining the ideal number of emergency room beds, is a clear application of operations research. This field uses quantitative methods and mathematical modeling to solve operational efficiency problems. By balancing patient waiting times against operational costs, researchers can identify the most efficient way to manage hospital capacity. This data-driven approach helps administrators make informed decisions that improve service delivery and resource utilization.

48. (B) P-2, Q-1, R-4, S-3.
Monitoring involves the continuous tracking of activities to ensure they are on schedule, while evaluation is a periodic assessment of overall program achievements. A Health Management Information System is designed for the collection and processing of data to support administrative decision-making. Health Technology Assessment provides evidence on the safety and cost-effectiveness of new medical technologies. Together, these tools ensure that health programs are effectively managed and that policies are based on evidence.

49. (B) The manufacturing of medicines.
A Health Management Information System consists of several components, including data collection tools, procedures for data analysis, and the human resources needed to manage the system. These elements work together to provide information for health management. Conversely, the manufacturing of medicines is an industrial pharmaceutical process that falls outside the functional scope of an information system. While an information system might track medicine stocks, it is not involved in their physical production.

50. (A) Medical Audit.
The principle of peer review is central to the medical audit process, where healthcare professionals evaluate the clinical work of their colleagues. This approach ensures that medical practices are assessed by those with the necessary expertise to understand the complexities of patient care. By comparing clinical actions against established standards, peer review helps identify areas for improvement in a non-punitive way. This collaborative evaluation is essential for maintaining high standards of clinical excellence.

51. (C) Statement I is incorrect, but Statement II is correct.
Effective health teams are essential for managing complex diseases and require clear roles, mutual respect, and shared goals to function properly. A multiprofessional team, which integrates diverse skills from different fields, is generally more effective than a uniprofessional team for addressing the multifaceted needs of chronic patients. Collaboration between different types of health professionals ensures a more holistic approach to care, leading to better patient outcomes and more efficient health service delivery.

52. (D) Recruitment, Retention, and Regulation.
In the context of human resource management, the 3-R strategy focuses on recruitment, retention, and regulation. This framework addresses the critical need to attract qualified health workers, keep them in their positions, and ensure they adhere to professional standards. By focusing on these three areas, health systems can maintain an adequate and skilled workforce that is capable of meeting population health needs. Effective 3-R strategies are particularly important for addressing shortages in underserved areas.

53. (C) The differing philosophical underpinnings and diagnostic methods compared to modern medicine.
A significant conflict in integrating AYUSH into public health arises from the fundamental differences in philosophical foundations and diagnostic methods between traditional systems and modern medicine. Allopathic medicine is largely based on biomedical principles, while AYUSH systems often follow holistic or energetic frameworks. These differing perspectives can

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care that meets the multifaceted needs of the community.

39. (D) Delegating tasks to less specialized workers to use skills more efficiently.
Task shifting is a strategy used in human resource management to optimize the use of the health workforce. It involves delegating specific tasks from highly specialized health workers to those with less training or different skills. This allows specialists to focus on more complex cases while ensuring that basic health services are still provided. This approach can expand access to care, particularly in areas where there is a shortage of highly specialized medical professionals.

40. (A) 1, 2, 5, 3, 4.
The health planning cycle follows a logical sequence of steps to ensure effective program development. It begins with a situation analysis to understand the current health landscape, followed by setting clear objectives. Once goals are defined, a formal plan is formulated and then implemented in the field. Finally, the program is evaluated to assess its impact and provide feedback. This cyclical process allows for continuous improvement based on real-world findings.

41. (C) New standardization, quality control, and scientific validation.
A significant challenge in integrating AYUSH into the broader health system is the need for rigorous standardization and scientific validation of traditional practices. Ensuring the quality and safety of herbal medicines and traditional therapies requires consistent manufacturing processes and clinical evidence. Establishing these standards is essential for gaining professional acceptance and ensuring that traditional medicine can be used safely and effectively alongside modern healthcare interventions in a pluralistic system.

42. (A) The process of deciding which health problems will receive the attention of policy-makers.
Agenda setting is a crucial initial phase in the policy-making process where certain health issues are selected for official consideration. This process determines which problems will be addressed by the government and which will be ignored. Influenced by political priorities, public opinion, and research evidence, agenda setting shapes the future direction of health policy. It is the stage where a health concern transitions into a topic that requires a formal policy response.

43. (D) All of the above incorporate patient rights and safety.
Quality standards such as ISO 9001, NABH, and JCI are all designed with a strong focus on the patient. These accreditation frameworks incorporate standards that prioritize patient rights, safety, and satisfaction. While they may vary in their specific metrics, their common goal is to ensure that healthcare facilities provide high-quality care that is safe and responsive to patient needs. These standards provide a benchmark for hospitals to continuously improve their services.

44. (B) Autonomy.
The principle of autonomy emphasizes the right of individuals to make their own informed decisions about their medical care. This requires that patients are provided with clear information about their treatment options, including potential risks and benefits. By respecting a patient's choices, healthcare providers uphold their dignity and self-determination. Autonomy is a cornerstone of ethical practice, ensuring that patients are active participants in their health journey rather than passive recipients of care.

45. (B) Roles (a), (c), and (e) only are correct.
National Institutes of Public Health, such as NIPHTR, perform several vital functions to strengthen the health system. These include training grassroots health workers and trainers to improve frontline services and acting as an apex body for public health education. Furthermore, these institutes conduct essential research in various public health domains to provide evidence for policy-making. These roles are critical for developing a skilled workforce and ensuring that health interventions are grounded in research.

46. (D) A comprehensive understanding of the problem and its determinants.
The primary output of the system analysis phase in health planning is a deep and comprehensive understanding of the health problem being

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improvement and educational outreach rather than individual punishment. By providing clinicians with updated evidence and clear protocols, the audit committee can help change prescribing behavior and address the underlying problem of antibiotic resistance. This approach fosters a culture of learning and continuous quality enhancement.

90. (A) A style that inspires team members to achieve a shared vision.
Transformational leadership is a management style that focuses on inspiring and motivating team members to achieve a common, shared vision. Unlike transactional leadership, which relies on rewards and punishments, transformational leaders build trust and encourage innovation. They empower their staff to think critically and contribute to the long-term goals of the organization. This style is particularly effective in health teams, where fostering a sense of purpose and collaboration can lead to better patient outcomes and professional satisfaction.

91. (D) Human Resources in Health (HRH) planning.
Ensuring a balanced distribution of health workers between urban and rural areas is a core concern of human resources in health planning. This process involves analyzing workforce trends and developing strategies to attract and retain staff in underserved regions. By addressing geographic imbalances, HRH planning aims to improve equitable access to healthcare for all populations. Effective planning requires a combination of policy interventions, such as financial incentives and improved working conditions, to manage the national health workforce.

92. (B) It is a prerequisite for national integration and scientific evaluation.
The documentation and codification of traditional health practices are essential steps for their scientific evaluation and eventual integration into the national health system. By creating a standardized record of these practices, researchers can more easily conduct clinical studies to verify their safety and efficacy. This process helps build professional credibility for AYUSH systems and ensures that traditional knowledge can be used as an evidence-based resource alongside modern medicine, promoting a more holistic and integrated approach to healthcare.

93. (C) Regulatory measure.
Banning smoking in public places is a regulatory measure used by governments to protect public health. Such policies use the power of law to restrict certain behaviors that are harmful to the community. Regulatory measures are a key tool in public health, allowing policy-makers to create environments that support healthy choices. By establishing clear rules and penalties, these policies aim to reduce the prevalence of health risks like secondhand smoke and improve overall population health outcomes through formal enforcement.

94. (D) The percentage of diabetic patients who have had their feet checked in the last year.
In quality assessment, a process indicator measures the specific activities and clinical procedures performed during the delivery of care. Checking the feet of diabetic patients is a key clinical process for preventing complications, and tracking the percentage of patients who receive this check-up reflects the quality of care being provided. This differs from structure indicators, like the number of specialists, or outcome indicators, which measure the end results of care such as the rate of complications or mortality.

95. (A) Both A and R are true and R is the correct explanation of A.
Obtaining informed consent is both a legal and ethical imperative because it upholds the fundamental principle of autonomy. This principle dictates that individuals have the right to self-determination regarding their own bodies and their participation in research. By providing patients and research participants with all relevant information, healthcare professionals respect their dignity and ensure that their choices are voluntary and informed. Consent is a critical safeguard that protects the rights and welfare of individuals in all medical contexts.

96. (B) A National Institute of Public Health.
A mission statement focused on serving as a national apex technical and research institution is characteristic of a National Institute of Public Health. These institutes are designed

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lead to challenges in communication and standardized practice. Bridging these conceptual gaps is essential for creating a truly integrated and pluralistic health system that respects both traditions.

54. (B) A policy.
A policy is defined as a purposive course of action followed by an individual or group to address a specific problem. In healthcare, policies provide a formal framework that guides decisions and actions to achieve long-term health goals. They outline the objectives, principles, and strategies that an organization or government will follow. By establishing clear guidelines, policies ensure that health interventions are consistent, purposeful, and aligned with the overarching mission of the health system.

55. (D) Predetermined levels of acceptable performance or quality.
In the context of quality assessment, standards are predetermined levels of performance that are considered acceptable. These benchmarks provide a basis for evaluating health services and identifying gaps in quality. Standards can relate to various aspects of care, including facility infrastructure, clinical processes, and patient outcomes. By establishing clear standards, healthcare organizations can ensure consistency in service delivery and provide a target for continuous quality improvement efforts across the health system.

56. (A) Paternalism (a form of Beneficence).
When a healthcare professional withholds information from a patient believing it is in their best interest, they are practicing paternalism. This approach prioritizes the principle of beneficence, or acting for the patient's good, over the principle of autonomy, which respects the patient's right to self-determination. While the intention is to prevent distress, paternalism can conflict with the ethical requirement for informed consent. Modern medical ethics generally favors autonomy, ensuring patients are fully informed about their condition.

57. (A) Both A and R are true and R is the correct explanation of A.
National Institutes of Public Health are essential for epidemic preparedness because they possess the specialized expertise and infrastructure required for a rapid response. These institutes manage disease surveillance systems, lead outbreak investigations, and provide high-level laboratory confirmation for new pathogens. Their technical capabilities allow for the timely identification and containment of health threats. By serving as a central resource for scientific guidance, these institutes ensure that epidemic management is based on the best available evidence.

58. (A) Strengths, Weaknesses, Opportunities, and Threats.
SWOT analysis is a strategic planning tool used to identify the strengths, weaknesses, opportunities, and threats associated with a project or organization. Strengths and weaknesses are internal factors, while opportunities and threats are external. In health management, this analysis helps administrators understand their organizational capacity and the external environment. By evaluating these four dimensions, managers can develop strategies that leverage their advantages, address their limitations, and prepare for potential challenges in the health sector.

59. (D) Promote, restore, or maintain health.
According to the World Health Organization, a health system consists of all organizations, people, and actions whose primary intent is to promote, restore, or maintain health. this broad definition includes not only clinical services but also public health interventions, health financing, and the management of medical supplies. The ultimate goal of any health system is to improve the health status of the population it serves while ensuring financial protection and responsiveness to patient needs.

60. (A) Statements (a), (b), and (d) only are correct.
Health systems research is a multidisciplinary field that examines how societies organize themselves to achieve health goals. Its primary purpose is to generate evidence-based knowledge that can be used to improve the performance of health systems. This research goes beyond hospitals and clinics to include health policy, financing, and community-based interventions. By understanding the complex dynamics of the health system, researchers can provide insights

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evidence, HTA ensures that healthcare resources are used efficiently. This process helps ensure that the technologies chosen for the health system provide the greatest possible benefit to the entire population.

76. (B) Number of outpatient consultations per month.
A quantitative indicator is a numeric measure that can be objectively tracked over time. In a Health Management Information System, the number of outpatient consultations per month is a classic example of such an indicator. It provides a clear count of service utilization, which can be used to monitor facility performance and identify trends in healthcare demand. Unlike qualitative factors like staff morale or community trust, this metric provides hard data that can be easily compared and analyzed.

77. (C) Social Audit.
An audit that involves joint participation from community members, service providers, and government officials is known as a social audit. This participatory approach aims to assess health services through the lens of those who receive them. By facilitating a dialogue between stakeholders, social audits promote transparency and make service providers more accountable to the community. This process ensures that health programs are evaluated not just on technical data, but also on the actual experiences of the beneficiaries.

78. (D) Ambiguity in the roles and responsibilities of team members.
Ambiguity in roles and responsibilities is a common source of conflict within a health team. When team members are unclear about their specific tasks or how they should collaborate, it can lead to confusion, overlapping work, and gaps in patient care. Clear role definitions are essential for effective teamwork, as they allow each individual to focus on their unique contributions while respecting the expertise of others. Reducing ambiguity fosters a more collaborative environment and improves overall team efficiency.

79. (C) Statement I is incorrect, but Statement II is correct.
The term human resources in health refers to all individuals engaged in actions whose primary intent is to improve health. This broad category includes not only doctors and nurses but also administrative staff, managers, laboratory technicians, and community health workers. Every individual within the health system, regardless of their specific role, contributes to the overall goal of enhancing health. Recognizing this diverse workforce is essential for effective health planning and the successful management of health services.

80. (B) Leverage a vast, culturally acceptable resource for primary care.
A key objective of promoting AYUSH and local health traditions is to leverage a vast and culturally acceptable resource for primary care. Traditional medical systems are often deeply embedded in the community and are highly trusted by the public. By integrating these systems into the broader health framework, the government can improve the reach of primary care services, particularly in underserved areas. This approach respects cultural preferences while utilizing existing traditional knowledge to enhance population health and wellness.

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81. (B) The study of the political, social, and economic processes that shape health policies.
Health policy studies is an interdisciplinary field that examines the political, social, and economic factors that influence the development and implementation of health policies. It goes beyond the clinical aspects of health to analyze how power, interests, and societal values shape the decisions made by policy-makers. By understanding these underlying processes, researchers can provide insights into why certain policies are adopted and how they can be made more effective, equitable, and responsive to the needs of the population.

82. (D) All of the above are valid parameters.
A comprehensive quality assessment of health services requires evaluating a wide range of parameters, including accessibility, provider competence, patient satisfaction, and continuity of care. Additionally, the cost of services to the patient is a critical factor in determining quality

68. (D) Translating policy objectives into concrete actions and programs.
The implementation phase of a health policy involves translating the abstract objectives outlined in a policy document into concrete actions and programs on the ground. This stage requires the allocation of resources, the development of specific guidelines, and the coordination of various stakeholders. Successful implementation is essential for a policy to achieve its intended impact. It is the stage where the theoretical goals of policy-makers are put into practice to improve population health.

69. (C) The maternal mortality ratio.
In quality assessment, outcome indicators measure the final results of a health program on the health status of the population. The maternal mortality ratio is a key outcome indicator for maternal health programs, as it reflects the ultimate success of the program in preventing pregnancy-related deaths. This differs from structure indicators, like the number of midwives, and process indicators, such as the frequency of antenatal check-ups, which focus on resources and the delivery of care.

70. (B) 3, 2, 1, 4.
The typical health policy-making process follows a chronological sequence starting with agenda setting to identify priority problems. This is followed by policy formulation, where specific goals and strategies are drafted. Once the policy is formulated, it moves into the implementation phase for action on the ground. Finally, the policy is evaluated to assess its effectiveness and impact. This sequence ensures that policies are developed purposefully and their results are used to inform future decision-making.

71. (D) Justice.
A dilemma involving the distribution of limited resources, such as vaccines, between equally needy groups is a classic example of an ethical issue related to justice. This principle requires that the benefits and burdens of healthcare are distributed fairly and equitably. In such situations, public health officials must develop criteria for prioritization that are transparent and ethically justifiable. The goal is to ensure that resource allocation is fair and does not unfairly disadvantage any particular group.

72. (A) They provide high-level diagnostic confirmation for other labs.
National Institutes of Public Health often serve as apex referral laboratories, meaning they provide the highest level of diagnostic confirmation for other laboratories in the country. These labs possess specialized equipment and expertise to handle complex or rare pathogens that regional labs may not be equipped to diagnose. By acting as a central reference point, they ensure diagnostic accuracy and support the national disease surveillance system by verifying unusual or significant findings from the field.

73. (C) Measuring performance against standards and taking corrective action.
The controlling function of health management involves monitoring organizational performance to ensure it aligns with established goals and standards. This process requires measuring actual progress, comparing it with the plan, and taking corrective action when deviations occur. By exercising control, managers can identify inefficiencies and ensure that resources are being used effectively to achieve health objectives. This function is essential for maintaining accountability and ensuring that the organization remains on track to fulfill its mission.

74. (A) Both A and R are true and R is the correct explanation of A.
System analysis is a powerful tool in healthcare because it maps the complex interconnections within the health system, revealing how changes in one part can have unintended consequences elsewhere. By understanding these relationships, planners can anticipate potential problems and avoid interventions that might harm other system components. This holistic perspective is essential for managing the intricate dynamics of healthcare delivery, where seemingly unrelated parts are often linked through shared resources, staff, or patient pathways.

75. (D) Evidence-informed policy making.
Health Technology Assessment is primarily a tool designed to support evidence-informed policy making. It provides a systematic evaluation of the safety, efficacy, and cost-effectiveness of medical technologies to guide decisions on their adoption and use. By providing policy-makers with a comprehensive analysis of the available

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financing pillar of the healthcare system. Such policies are designed to ensure that the population has financial protection against the costs of medical care. By pooling risks and funds, health insurance aims to reduce out-of-pocket expenses and prevent individuals from falling into poverty due to medical emergencies, thereby improving equitable access to health services.

32. (B) Process - Adherence to clinical guidelines.
In the Donabedian model, process indicators measure the activities and interactions that occur during the delivery of healthcare. Adherence to clinical guidelines is a classic example of a process indicator, as it reflects how well medical professionals are following established protocols for diagnosis and treatment. This differs from structure indicators, which focus on resources, and outcome indicators, which measure the end results of care, such as patient recovery or mortality.

33. (B) The duty to do no harm.
The ethical principle of non-maleficence requires healthcare providers to avoid causing unnecessary harm or injury to their patients. This fundamental duty ensures that any medical intervention or treatment plan is carefully considered to minimize risks. While all medical procedures carry some level of risk, non-maleficence dictates that the potential for harm must be outweighed by the expected benefits, and that healthcare professionals must act with caution and professional competence.

34. (A) Generating evidence for health policy and building capacity of health professionals.
National Institutes of Public Health serve a critical role by generating high-quality evidence that informs national health policies. They conduct research on priority health issues and translate these findings into actionable recommendations for the government. Additionally, these institutes are responsible for building the capacity of health professionals through specialized training and education. This dual focus on research and training ensures that the health system is managed by a skilled and informed workforce.

35. (C) Actors, Context, Process, and Content.
The policy triangle is a widely used framework for analyzing health policy that considers four interrelated elements: actors, context, process, and content. Actors include individuals and groups who influence policy, while context refers to the situational factors. The process describes how the policy is developed and implemented, and content refers to the specific details and goals of the policy itself. This holistic approach helps researchers understand the complex dynamics of policy-making.

36. (D) A printed monthly report on immunization coverage.
In the context of a Health Management Information System, a hard output refers to a tangible and quantifiable product generated by the system. A printed monthly report detailing immunization coverage is a clear example of such an output. Unlike soft outcomes like staff motivation or improved teamwork, which are qualitative, a physical report provides specific data that can be used directly for monitoring program performance and identifying areas that require administrative attention.

37. (C) Statement I is correct, but Statement II is incorrect.
A medical audit is typically a peer-review process where clinical professionals evaluate the work of their colleagues against established standards. In contrast, a social audit is a participatory mechanism that emphasizes community feedback and accountability rather than top-down enforcement. Social audits are designed to empower the public by allowing them to scrutinize government programs and provide insights into service delivery, ensuring that health policies are responsive to the actual needs of the people.

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38. (B) Defined roles and responsibilities for each team member (doctor, nurse).
Effective management of a primary healthcare team requires clear role definitions for all members, including doctors and nurses. When each individual understands their specific responsibilities and how they contribute to the team's goals, it reduces confusion and improves efficiency. This collaborative approach fosters mutual respect and ensures that both curative and preventive services are delivered effectively. Role clarity is essential for providing coordinated

and equity. By assessing all these dimensions, healthcare organizations can gain a holistic understanding of their performance. This multi-faceted approach ensures that quality improvement efforts address the technical, experiential, and financial aspects of the healthcare services provided.

83. (C) Autonomy and Veracity (truthfulness).
The practice of obtaining informed consent directly upholds the ethical principles of autonomy and veracity. Autonomy respects the patient's right to make their own decisions about their medical treatment, while veracity requires that healthcare providers are truthful and provide all necessary information. By ensuring that patients fully understand their options and the associated risks, providers empower them to give truly informed consent. This process is essential for maintaining trust and respecting the dignity of the individual patient.

84. (D) In-service health professionals and public health managers.
Training programs at National Institutes of Public Health are primarily designed for in-service health professionals and public health managers. These programs aim to strengthen the skills and knowledge of those already working within the health system, helping them stay updated on the latest research and administrative best practices. By providing specialized education in areas such as epidemiology and health management, these institutes enhance the capacity of the workforce to lead and manage effective health programs and interventions.

85. (C) System Analysis.
Analyzing an existing information system to identify bottlenecks and design a more efficient workflow is a classic application of system analysis. This approach involves examining the interactions between different components of a system to understand how it functions as a whole. By mapping out information flows and identifying areas for improvement, health managers can develop more effective systems that support better decision-making. System analysis provides a logical framework for redesigning processes and improving the overall efficiency of health services.

86. (B) Understanding the deeply held cultural beliefs about a specific illness.
Operations research is primarily used for quantitative problem-solving and optimizing logistical processes, such as staff scheduling or inventory management. In contrast, understanding deeply held cultural beliefs about illness requires qualitative research methods, such as ethnography or in-depth interviews. While operations research can improve the delivery of services, it is not the appropriate tool for exploring the complex social and psychological dimensions of health. These qualitative insights are better gained through social science research methodologies.

87. (A) P-3, Q-4, R-1, S-2.
The core principles of biomedical ethics have specific applications in healthcare delivery. Autonomy is applied by respecting a patient's right to refuse treatment, while beneficence requires acting in the patient's best interest. Non-maleficence is the duty to do no harm, and justice focuses on the fair distribution of health resources across the population. Together, these principles provide an ethical framework that guides medical professionals in providing care that is respectful, safe, effective, and equitable for all.

88. (A) Transform raw data into useful information for decision-making.
A well-functioning Health Management Information System must be able to transform raw data into meaningful information that supports decision-making. While data collection is important, its true value lies in its analysis and interpretation. By presenting information in a way that is relevant and easy to understand, the system helps health managers identify trends, monitor performance, and allocate resources more effectively. The ultimate goal of an HMIS is to provide actionable insights that lead to improved health system management.

89. (C) Share aggregate findings and recommend new prescribing guidelines.
When a medical audit identifies a systemic issue like over-prescribing antibiotics, the most appropriate response is to share aggregate findings and recommend new clinical guidelines. The focus of an audit should be on systemic

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that lead to more effective and equitable health service delivery.

61. (C) System Analysis and Operations Research.
Process mapping is a valuable tool used in system analysis and operations research to visualize and analyze the flow of activities within a health system. It involves creating a detailed diagram of each step in a process to identify bottlenecks, redundancies, or inefficiencies. By understanding exactly how a service is delivered, health managers can redesign workflows to improve efficiency and patient care. This quantitative approach is essential for optimizing complex operational tasks in healthcare.

62. (D) To provide a basis for accountability and learning.
The fundamental purpose of monitoring and evaluation is to ensure accountability and facilitate learning within public health programs. These processes provide objective data on whether program goals are being met and how resources are being used. By evaluating the successes and failures of an intervention, health managers can learn from experience and improve future planning. This commitment to evidence-based management ensures that programs remain effective and that stakeholders are informed about program performance.

63. (A) It is a static system that, once designed, should never be changed or updated.
A Health Management Information System must be a dynamic system that evolves to meet changing health needs and technological advancements. It provides essential data for monitoring program performance and identifying disease hotspots. For a system to remain effective, it should be simple, relevant, and action-oriented. Regular updates are necessary to ensure that the data collected continues to support administrative decision-making and remains responsive to the evolving requirements of the healthcare system.

64. (B) clinical quality; social accountability.
The key difference between a medical audit and a social audit lies in their primary focus. A medical audit is concerned with evaluating clinical quality by reviewing medical practices against professional standards. In contrast, a social audit focuses on social accountability by involving the community in the assessment of health services. While one focuses on the technical aspects of care delivered by professionals, the other emphasizes the experiences of the beneficiaries and the transparency of service delivery.

65. (B) The ability to apply knowledge to a specific scenario.
Case-based questions are designed to assess the ability of health professionals to apply their theoretical knowledge to specific clinical or administrative scenarios. Unlike rote memorization of facts, these questions require critical thinking and problem-solving skills. By analyzing a case, a professional must demonstrate how they would use their expertise to make informed decisions in a real-world context. This type of assessment is essential for ensuring that health workers can translate knowledge into effective practice.

66. (A) Difficulty in attracting and retaining qualified health workers.
A primary challenge in managing the health workforce in rural areas is the difficulty in attracting and retaining qualified personnel. Factors such as professional isolation, limited career opportunities, and poor living conditions often make rural postings less desirable for health workers. This lead to a geographic imbalance where rural populations have limited access to skilled medical care. Addressing this challenge requires a combination of financial incentives, improved working environments, and professional support for rural staff.

67. (C) The practice of using specific local herbs for common ailments by a community elder.
Local health traditions encompass the indigenous knowledge and practices of a community that have been passed down through generations. An example is the use of specific local herbs by community elders to treat common illnesses. These practices are often deeply rooted in local culture and are widely accepted by the community. Recognizing and integrating these traditions into the broader health system can help provide culturally sensitive care and leverage local resources for primary health.

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to provide high-level scientific guidance and conduct research that addresses national health priorities. They serve as a vital resource for the government, providing the evidence needed to develop effective health policies and programs. Their work is essential for strengthening the public health infrastructure and ensuring that the health system is grounded in research.

97. (B) A need that is identified by an expert or professional, based on a standard.
In health planning, a normative need is a health requirement identified by professionals or experts based on established standards. This type of need is determined objectively by comparing the current health status or service availability against a recognized benchmark. Unlike expressed needs, which are voiced by the community, normative needs are based on expert judgment of what is necessary for a population to achieve optimal health. Identifying these needs is essential for setting realistic and evidence-based health goals.

98. (A) Operations Research / System Analysis.
To redesign a clinical process like patient discharge for better speed and fewer errors, operations research and system analysis are the most suitable methodologies. These approaches involve mapping the existing workflow, identifying bottlenecks, and using quantitative methods to test new designs. By analyzing the interactions between staff, patients, and information, researchers can develop a more efficient and reliable process. This data-driven approach is essential for optimizing hospital operations and improving the quality and safety of patient care delivery.

99. (D) All of the above statements are correct.
Monitoring and evaluation are complementary but distinct functions in program management. Monitoring is a continuous, internal process that asks whether activities are being implemented as planned. Evaluation is a more in-depth, periodic assessment that asks whether the program is achieving its intended outcomes and impact. Both processes are essential for ensuring program accountability and effectiveness. By providing data on performance and results, M&E helps managers learn from experience and make informed decisions about the future of their programs.

100. (D) The culture of basing actual decisions on the provided data.
The long-term success of a Health Management Information System depends most heavily on an organizational culture that values and uses data for actual decision-making. While the quality of tools and technology is important, the system provides little benefit if the information it generates is ignored by managers. An effective system requires stakeholders to trust the data and use it consistently to monitor performance and guide planning. Cultivating a data-driven culture is essential for making health management more evidence-based and responsive.

101. (C) "Was the care provided to the patient in line with established best practice standards?".
The central question of a medical audit is whether the care provided to a patient was consistent with established best practice standards. This process involves a critical review of clinical actions to identify gaps in quality and safety. By comparing actual practice against professional benchmarks, medical audits help ensure that patients receive high-quality care. The goal is to identify areas for professional learning and systemic improvement, rather than to assign blame, thereby enhancing the overall quality of medical services.

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102. (C) Statement I is correct, but Statement II is incorrect.
A primary goal of health team management is to foster collaboration among different professionals to improve patient outcomes. While conflict within a team is common, it is not always destructive. If managed effectively, constructive conflict can lead to better decision-making and innovation by bringing diverse perspectives to the table. Suppressing conflict immediately can prevent the team from addressing underlying issues. Effective leaders facilitate open communication and use conflict resolution techniques to ensure that team dynamics remain productive and focused on care.

103. (D) It covers planning, education, recruitment, retention, and performance.
The scope of human resources in health is broad and encompasses all aspects of managing

the health workforce. This includes long-term planning, the education and training of new workers, and the recruitment and deployment of staff to where they are needed most. Additionally, it involves strategies for staff retention and the ongoing management of performance and professional development. By addressing all these areas, health systems can ensure they have a skilled and motivated workforce capable of delivering high-quality services.

104. (A) Promoting cultural pluralism and leveraging community-based knowledge.
The revival of local health traditions as part of public health strategy is rooted in the principles of cultural pluralism and leveraging existing community knowledge. These traditions are often deeply accepted by the public and provide a holistic approach to wellness. By recognizing and integrating this indigenous knowledge, the health system can offer care that is more culturally sensitive and accessible. This approach respects the diversity of medical traditions while using all available resources to improve the health status of the population.

105. (C) Both prospectively (before) and retrospectively (after).
Policy analysis is a versatile field that can be conducted both prospectively and retrospectively. Prospective analysis involves evaluating potential policies before they are implemented to predict their likely impact and feasibility. Retrospective analysis occurs after a policy has been put into action, focusing on assessing its actual results and effectiveness. Both approaches are essential for evidence-based policy-making, as they provide valuable insights that can be used to design better policies and improve the implementation of existing ones within the system.

106. (A) Outcome.
In the Donabedian framework, patient-reported outcome measures fall under the outcome category. These measures capture the patient's perspective on the results of their care, such as improvements in health status, quality of life, or symptom relief. Unlike clinical metrics, PROMs provide direct insight into the impact of healthcare on the patient's well-being. Using these measures in quality assessment ensures that the health system is focused on delivering outcomes that are meaningful and valuable to the people it serves.

107. (D) Mandatory quarantine restricting liberty for community health safety.
A classic ethical dilemma in public health arises when mandatory quarantine is used to protect community safety, as this directly restricts individual liberty. This situation creates a conflict between the duty to protect the public from disease and the ethical principle of respecting individual autonomy. Resolving such dilemmas requires a careful balance between the common good and individual rights. Public health officials must ensure that such restrictive measures are evidence-based, proportionate, and used only when absolutely necessary to prevent a significant health threat.

108. (B) Managing the payroll for all government doctors in the country.
National Institutes of Public Health focus on research, training, and providing technical advice to the government. Their primary goals are to generate evidence and build the capacity of the health workforce. Conversely, administrative tasks like managing the payroll for all government doctors are typically the responsibility of human resource departments within the Ministry of Health. These institutes serve as technical and scientific bodies rather than administrative agencies, ensuring that the health system is informed by high-quality research and expert guidance.

109. (C) Bottom-up planning.
Bottom-up planning is an approach that begins with a detailed assessment of health needs and the situation at the local or community level. This participatory process ensures that plans are grounded in the actual experiences and priorities of the people they serve. By involving grassroots stakeholders, this methodology leads to interventions that are more relevant and culturally acceptable. Bottom-up planning contrasts with top-down approaches, where decisions are made at a central level without direct input from the community or local staff.

110. (D) 2, 1, 4, 3.
The Health Technology Assessment process follows a logical sequence to provide evidence for

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policy decisions. It begins with the formulation of a clear policy question, followed by the systematic synthesis of available evidence. Once the evidence is compiled, an appraisal is conducted to provide recommendations based on safety and effectiveness. Finally, the findings are disseminated to relevant stakeholders to inform their decision-making. This structured approach ensures that the assessment is rigorous, transparent, and useful for guiding the use of technology.

111. (A) Health Management Information System (HMIS).
The principle of data-for-action is a cornerstone of an effective Health Management Information System. It emphasizes that data should not just be collected for reporting purposes but should be used directly to guide management decisions and improve health services. For a system to follow this principle, the information it provides must be timely, accurate, and relevant to the needs of managers at all levels. By using data to inform actions, health systems can become more responsive and evidence-based in their operations.

112. (B) A public hearing for villagers to question service availability and quality.
A social audit of a primary health center typically involves holding a public hearing where villagers can directly question officials about the availability and quality of services. This participatory process provides a platform for community members to share their experiences and hold service providers accountable. By making program details public and facilitating an open dialogue, social audits promote transparency and ensure that health services are responsive to the actual needs of the people. This process empowers communities to advocate for better healthcare.

113. (B) P-2, Q-1, R-4, S-3.
Human resources in health face several challenges and strategies for management. Brain drain refers to the migration of health workers to other countries, while skewed distribution involves the concentration of staff in urban areas. Task shifting is the rational redistribution of tasks among different health team members to improve efficiency. Finally, in-service training provides continuous professional development for existing staff to maintain their skills. Addressing these factors is essential for ensuring a well-distributed, skilled, and stable health workforce for the entire population.

114. (A) It is completely free from any side effects or risks.
While AYUSH systems have significant cultural acceptance and can contribute to preventive and promotive health through holistic approaches, it is incorrect to assume they are free from any risks or side effects. Like any medical intervention, traditional medicines can cause adverse reactions if used improperly or if they are of poor quality. Scientific validation and standardization are essential to ensure the safety and efficacy of these systems. Recognizing potential risks is a critical part of integrating traditional medicine safely into a pluralistic health system.

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115. (C) Health policy decision.
Increasing the budget for mental health services is a clear example of a health policy decision. Such decisions involve the allocation of governmental resources to address specific health priorities. By choosing to invest more in mental health, the government is setting a strategic direction and providing the financial means to improve services in that area. This type of decision is influenced by health evidence, public advocacy, and political priorities, and it has a direct impact on the population's access to specialized care.

116. (D) Quality assessment and recognition that it meets certain standards.
Hospital accreditation is a formal process where an external body assesses a facility to recognize that it meets established quality and safety standards. Organizations like NABH in India provide a framework for hospitals to improve their clinical and administrative processes. By achieving accreditation, a hospital demonstrates its commitment to providing high-quality care and ensuring patient safety. This process provides a benchmark for excellence and helps build public trust in the healthcare system by verifying that facilities meet recognized standards of performance.

healthcare professionals are ethically justified in performing life-saving procedures under the principles of implied consent and beneficence. Implied consent assumes that a reasonable person would want to receive life-saving treatment in such circumstances. Beneficence requires the doctor to act in the best interest of the patient's welfare. This ethical framework ensures that essential care is not delayed when the patient cannot temporarily exercise their autonomy.

158. (D) All of the above statements are correct.
National Institutes of Public Health perform multiple critical functions, including conducting applied research on national health priorities and providing postgraduate public health education. They also offer technical assistance to state health departments and act as a strategic think tank for the Ministry of Health. These diverse mandates ensure that the health system is supported by high-quality research, a skilled workforce, and expert policy guidance. By fulfilling these roles, these institutes strengthen the entire public health infrastructure and improve national health outcomes.

159. (A) Decisions being made at the central level and passed down to local levels for implementation.
A top-down approach to health planning is characterized by decisions being made by central authorities and then passed down to regional and local levels for implementation. This centralized model allows for national standardization and the efficient dissemination of policies. However, it may sometimes fail to account for the unique needs and contexts of local communities. Effective health systems often seek to balance top-down leadership with bottom-up feedback to ensure that national goals are met while remaining responsive to local challenges.

160. (B) A set of interacting or interdependent components forming an integrated whole.
A system is defined as a set of interacting or interdependent components that work together to form an integrated whole. In healthcare, this concept emphasizes that the various parts of the health system—such as staff, facilities, financing, and information—are interconnected. A change in one component can affect the performance of others and the overall functioning of the system. Understanding these complex interactions is essential for effective health management and for designing interventions that improve the entire system's performance.

161. (B) Cost per unit of health gain (e.g., cost per life-year saved).
Cost-effectiveness analysis is a key component of Health Technology Assessment that compares different interventions based on their cost per unit of health gain. Common metrics include the cost per life-year saved or the cost per disability-adjusted life year (DALY) averted. This analysis helps policy-makers identify which technologies provide the most health benefit for the resources invested. By focusing on the relationship between cost and outcomes, this tool supports the efficient allocation of limited healthcare funds to maximize population health.

162. (A) Accessible.
In the context of an action-oriented Health Management Information System, the 'A' in the ACTION acronym stands for accessible. This principle emphasizes that health information must be easily available to the managers and decision-makers who need it. Even high-quality data is of little use if it is stored in a way that is difficult for staff to reach or understand. Ensuring accessibility through user-friendly reports and digital platforms is essential for fostering a culture of data-driven management and timely health actions.

163. (C) Awareness, information verification, public hearing, and follow-up.
A social audit follows a logical sequence of steps to ensure transparency and community participation. It begins with creating awareness about the program, followed by the verification of information against reality on the ground. Once the data is verified, a public hearing is held where the findings are shared and citizens can question officials. Finally, a follow-up process ensures that the concerns raised are addressed. This sequence is essential for holding service providers accountable and empowering the local community.

164. (D) Facilitating communication, defining roles, and resolving conflicts.
Effectively managing a health team involves several key activities, including facilitating open

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policies, and politics—converge. This occurs when a recognized health problem meets a feasible policy solution and the political climate is favorable for action. This convergence creates a unique opportunity for policy-makers to move an issue onto the formal agenda and pass new legislation. Understanding this dynamic helps analysts explain why certain health policies are adopted at specific times while others are ignored despite having significant evidence.

124. (B) To promote justice and beneficence by allocating resources efficiently.
The fundamental ethical justification for Health Technology Assessment is the promotion of justice and beneficence through the efficient allocation of healthcare resources. By evaluating the safety and cost-effectiveness of various technologies, HTA ensures that limited resources are used for interventions that provide the greatest health benefit to the population. This helps prevent wasteful spending and ensures that high-quality, effective care is available to as many people as possible. In this way, HTA supports a fairer and more effective healthcare system.

125. (C) Statement I is incorrect, but Statement II is correct.
Health systems research is a highly practical field that aims to provide evidence to support decision-making for strengthening health systems. It is not purely academic, as its primary goal is to generate knowledge that can be directly applied to improve health service delivery, financing, and policy. By investigating the performance of various health interventions and administrative models, this research helps managers and policy-makers design systems that are more effective, efficient, and equitable, leading to better overall health outcomes for the population.

126. (D) Diagram the causal links between activities, outputs, and impact.
A logic model or logical framework is a tool used in monitoring and evaluation to diagram the causal links between program activities, outputs, and long-term impact. This visual representation helps planners and evaluators understand how specific interventions are expected to lead to desired results. By clarifying these connections, the logic model provides a clear roadmap for monitoring progress and evaluating whether the program achieved its goals. It is an essential tool for ensuring that health programs are logically designed and manageable.

127. (A) The findings should be accessible and understandable to the general public.
A key principle of a social audit is that its findings must be accessible and understandable to the general public. This transparency is essential for the process to be effective, as it allows community members to scrutinize health services and participate in a dialogue with providers. By making information available in local languages and simple formats, social audits empower citizens to voice their concerns and hold officials accountable. This openness is fundamental to fostering a sense of community ownership and trust.

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128. (B) Offering a package of financial and non-financial career incentives.
Improving the retention of health workers in underserved areas requires a comprehensive package of both financial and non-financial incentives. While higher pay can attract staff, long-term retention often depends on factors such as professional development opportunities, improved living conditions, and career support. Punitive measures or mandatory postings are often less effective in the long run. By addressing the diverse needs of health workers, systems can build a more stable and committed workforce that is willing to serve in challenging rural environments.

129. (B) Integrating AYUSH providers, therapies, and principles into the existing national health delivery framework.
Mainstreaming AYUSH involves the strategic integration of traditional medical providers, therapies, and principles into the existing national health delivery framework. This approach aims to create a pluralistic healthcare system where patients can benefit from both modern medicine and traditional practices. By co-locating services and fostering collaboration between different types of providers, mainstreaming makes traditional medicine more accessible and leverage its strengths in preventive and holistic care. This integration is designed to improve overall health outcomes and respect cultural health traditions.

117. (C) Reviewing and approving research protocols involving human subjects to protect their rights and welfare.
An institutional ethics committee is primarily responsible for reviewing and approving research protocols that involve human participants. Their main goal is to protect the rights, safety, and welfare of these individuals by ensuring that the research is ethically sound. This involves evaluating the risks and benefits of the study and ensuring that participants provide truly informed consent. By providing independent ethical oversight, these committees safeguard the dignity of research subjects and maintain the integrity of clinical and public health research.

118. (B) Characteristics (b), (c), and (d) only are correct.
A well-managed health team is characterized by clear and commonly understood goals, mutual trust and respect among its members, and effective communication and conflict resolution mechanisms. These elements are essential for fostering a collaborative environment where diverse professionals can work together toward patient care objectives. Conversely, a dictatorial leadership style that ignores team input is generally counterproductive. Effective management requires a leader who facilitates teamwork and ensures that all members feel valued and empowered to contribute their specialized expertise.

119. (D) Needs, resources, and the wider context (political and social factors).
The situational analysis step in health planning involves a comprehensive assessment of the current environment, including population health needs, available resources, and the wider social and political context. This analysis provides the evidence-based foundation for developing a relevant and feasible health plan. By understanding the challenges and opportunities within the system, planners can set realistic objectives and design interventions that are tailored to the specific needs of the population. This foundational step is essential for ensuring that health planning is purposeful.

120. (A) Both A and R are true and R is the correct explanation of A.
Health Management Information Systems are often underutilized due to various barriers that prevent managers from using data effectively. These include concerns about poor data quality, a lack of specialized training in data analysis, and a weak organizational culture regarding information use. When data is perceived as inaccurate or incomplete, managers are less likely to rely on it for decision-making. Addressing these challenges is essential for transforming an HMIS into a valuable tool that supports evidence-based health planning and management.

121. (C) QA is about meeting standards, while QI is a continuous process of raising the standards.
Quality assurance and quality improvement are related but distinct concepts in healthcare. Quality assurance focuses on ensuring that services meet established minimum standards of performance. In contrast, quality improvement is a continuous and proactive process aimed at constantly raising those standards and finding better ways to deliver care. While QA ensures that requirements are met, QI seeks to achieve higher levels of excellence. Together, they provide a comprehensive approach to managing and enhancing the quality and safety of healthcare services.

122. (A) Acting as a national reference point for specialized technical knowledge.
National Institutes of Public Health serve as a national reference point for specialized technical knowledge, providing expert guidance to the government and other stakeholders. These institutes conduct research, offer specialized training, and manage reference laboratories that support diagnostic accuracy across the country. By providing high-level scientific and technical support, they help strengthen the entire health system and ensure that public health interventions are based on the best available evidence. Their role is critical for managing complex health challenges and national health programs.

123. (D) There is a convergence of problems, policies, and politics.
According to Kingdon's model, a policy window opens when three separate streams—problems,

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137. (C) Detailed genomic sequence of a virus.
A routine Health Management Information System at a primary health center typically tracks operational data such as antenatal care visits, childhood immunization counts, and essential medicine stock levels. This information is used for day-to-day management and monitoring of performance. Conversely, the detailed genomic sequencing of a virus is highly specialized scientific data that would be handled by research laboratories or apex technical institutes. Such granular biological information is not part of the routine administrative data used for basic health management.

138. (A) Both A and R are true and R is the correct explanation of A.
Social audits are a powerful mechanism for empowering communities and improving the accountability of health service providers. By providing a platform for public scrutiny and dialogue, these audits make providers directly answerable to the people they serve. This participatory process allows citizens to verify program implementation and voice their concerns, which can lead to improvements in service delivery and transparency. By fostering a sense of shared responsibility, social audits help ensure that health programs are responsive to community needs.

139. (D) A doctor, nurse, and therapist creating a coordinated care plan together.
A well-functioning multidisciplinary health team is best illustrated by diverse professionals, such as a doctor, nurse, and therapist, collaborating to create a coordinated care plan for a patient. This approach ensures that all aspects of the patient's health are addressed through the integration of different professional perspectives and skills. Collaboration and mutual respect are essential for this process to be successful. By working together, the team can provide more comprehensive and effective care than any individual could provide alone.

140. (D) All of the above statements are correct.
The health workforce is a broad category that includes everyone engaged in actions whose primary intent is to improve health. This includes clinical staff like doctors and nurses, technical staff such as pharmacists and laboratory technicians, and community health workers like ASHA. Additionally, health managers and administrative staff are essential components of this workforce, providing the leadership and organizational support needed for effective service delivery. Recognizing the diversity of these roles is critical for comprehensive human resources in health planning.

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141. (C) Increasing the number of available health providers, especially in underserved areas.
A potential benefit of integrating AYUSH practitioners into the primary healthcare system is the expansion of the health workforce, particularly in underserved and rural regions. By leveraging these existing providers, the government can improve access to basic health services for populations that may have limited access to allopathic doctors. AYUSH practitioners are often already embedded in their communities and are culturally accepted, making them a valuable resource for delivering preventive and promotive care and strengthening the overall health system.

142. (D) A long-term strategic policy.
A government document outlining a five-year strategy for combating a disease like tuberculosis is an example of a long-term strategic policy. Such policies provide a formal framework and set of objectives to guide national health efforts over a multi-year period. They define priorities, allocate resources, and establish monitoring mechanisms to track progress. By providing a clear and purposeful direction, strategic policies ensure that health interventions are consistent, sustainable, and capable of achieving significant improvements in public health outcomes.

143. (A) Outcome indicator.
Using patient mortality rates as a measure of a hospital's performance is an example of an outcome indicator. In the Donabedian model, outcome indicators assess the final results of healthcare on the health status and well-being of patients. These metrics reflect the ultimate effectiveness and safety of the clinical care provided. Unlike structure or process indicators, which focus on resources and activities, outcome indicators provide direct evidence of whether the health system has succeeded in its primary mission of improving health.

130. (A) Health policy studies.
Analyzing how power is distributed and exercised among various actors, such as government agencies, medical associations, and patient groups, is a core component of health policy studies. This field examines the political dynamics that influence which health issues are prioritized and how policies are formulated and implemented. By understanding these power structures, researchers can identify the interests that drive policy decisions and provide insights into how to make health systems more responsive to the needs of the entire population.

131. (C) The availability of a continuous supply of clean water and electricity.
In the Donabedian model, a structural standard refers to the physical and organizational attributes of the setting where healthcare is delivered. The availability of essential resources like a continuous supply of clean water and electricity is a classic example of a structural indicator for a health center. These factors represent the facility's capacity to provide safe and effective services. While they do not measure the actual care delivered, they are necessary foundations for a high-quality healthcare environment for all patients.

132. (D) Confidentiality.
The concern for protecting the identities of research participants relates directly to the ethical principle of confidentiality. This principle requires that personal and sensitive information collected during research is kept secure and not disclosed without the individual's consent. Maintaining confidentiality is essential for protecting participants from potential harm or discrimination and for building trust between researchers and the community. It is a fundamental ethical requirement in both clinical and public health research to ensure the dignity and privacy of all individuals.

133. (C) To provide rapid technical guidance on diagnostics and management.
During a disease outbreak, the primary role of a National Institute of Public Health is to provide rapid and evidence-based technical guidance on diagnostics, treatment, and containment strategies. These institutes leverage their scientific expertise and specialized laboratories to help the government and health providers respond effectively to the emergency. By providing clear protocols and scientific insights, they ensure that the national response is grounded in research and coordinated across different levels of the health system to protect the public.

134. (C) Components (a), (b), and (c) only are correct.
Effective health planning and management require several key components, including a clear definition of the problem, realistic objectives, and a robust monitoring and evaluation system. Additionally, mechanisms for community participation ensure that health programs are responsive to local needs. Conversely, ignoring financial and human resource constraints is counterproductive and leads to unfeasible plans. Successful management involves balancing goals with available resources to ensure that health interventions are sustainable and capable of achieving their intended outcomes for the target population.

135. (D) Operations Research.
Queuing theory, which uses mathematical modeling to study waiting lines, is a tool frequently applied in operations research. In the health sector, this theory helps managers analyze patient flow and optimize resources, such as determining the right number of clinic staff or beds to minimize patient waiting times. By understanding the dynamics of arrivals and service times, health administrators can make data-driven decisions that improve facility efficiency and patient satisfaction. This quantitative approach is essential for managing complex operational challenges.

136. (A) Pairs 1 and 4 are correctly matched.
System analysis is concerned with understanding a complex whole and the interactions between its various parts. Operations research uses scientific and mathematical methods to support operational decision-making and improve system efficiency. In contrast, Health Technology Assessment goes beyond just evaluating costs to examine clinical safety and effectiveness. Monitoring and evaluation is a continuous and periodic process throughout a project's life, rather than a one-time end-of-project activity. Correctly identifying these research methodologies is essential for effective health systems management.

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151. (C) Statements (a), (b), (d), and (e) only are correct.
Medical and social audits are different types of assessment tools used in healthcare. A medical audit is a retrospective peer-review process where clinical professionals evaluate their work against standards. In contrast, a social audit is a participatory tool for enforcing accountability to the community, often involving public hearings or platforms like Jansunwai. While they both contribute to quality and transparency, their primary focus is not on financial aspects but on clinical excellence and social responsiveness. These tools help ensure that health services meet both professional and community expectations.

152. (A) Effective inter-professional communication and collaboration.
The synergy and effectiveness of a health team are most dependent on effective inter-professional communication and collaboration. When team members from different backgrounds share information openly and work together toward common goals, they can provide more comprehensive and coordinated patient care. This collaborative environment fosters mutual respect and allows the team to leverage the diverse skills of all its members. Strong communication is essential for preventing errors, resolving conflicts, and ensuring that health services are delivered efficiently and effectively.

153. (C) Forecasting the future need for different categories of health workers and planning education and recruitment accordingly.
Workforce planning in human resources in health involves forecasting the future requirements for various categories of health workers based on population health needs. This strategic process includes planning for the necessary education and training of new personnel and developing recruitment strategies to fill identified gaps. By anticipating future demand, workforce planning helps ensure that the health system has an adequate and appropriately skilled supply of providers. This is essential for long-term health system sustainability and for providing equitable access to healthcare.

154. (A) Lack of standardized formulations and the use of complex, multi-herb preparations that are difficult to analyze.
A significant challenge for the scientific validation of local health traditions is the lack of standardized formulations and the use of complex, multi-herb preparations. These traditional remedies can vary significantly in their composition, making it difficult for researchers to conduct standardized clinical trials or analyze their specific active ingredients. Overcoming this hurdle requires rigorous documentation and the development of quality control standards to ensure consistency. Scientific validation is necessary to confirm the safety and efficacy of these practices for broader integration.

155. (C) Statement I is incorrect, but Statement II is correct.
Health policy is not formulated exclusively by central governments; regional and local governments also play significant roles in developing policies tailored to their specific needs. Policy-making is a complex process influenced by a combination of scientific evidence, political interests, and societal values. By analyzing these diverse factors, policy-makers aim to develop strategies that improve health outcomes and address community priorities. Understanding that policy is shaped by both evidence and stakeholder interests is essential for effective health systems management.

156. (B) Ensuring a minimum standard of quality and patient safety in hospitals.
The primary goal of NABH standards is to ensure that hospitals and healthcare providers in India meet a minimum standard of quality and patient safety. These standards provide a framework for organizations to evaluate and improve their clinical and administrative processes. By achieving accreditation, a hospital demonstrates to the public and stakeholders that it adheres to recognized benchmarks of performance. This commitment to quality helps protect patients from harm and ensures that healthcare services are consistent, reliable, and effective.

157. (C) Implied Consent/Beneficence in an emergency.
In medical emergencies where a patient is unconscious and unable to provide consent,

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144. (B) Produce the greatest good for the greatest number of people in total.
In a public health emergency, a utilitarian approach to ethics prioritizes actions that produce the greatest overall good for the greatest number of people. This often involves allocating limited resources, such as vaccines or hospital beds, based on criteria that maximize the total number of lives saved or the overall benefit to the community. While this can sometimes conflict with individual autonomy, it is a common ethical framework used in disaster management to ensure that resource allocation is as effective as possible for the population.

145. (A) P-3, Q-4, R-1, S-2.
Different health-related activities are managed through specific frameworks. Developing a new vaccine is a biomedical research process, while deciding on its inclusion in national programs is a function of Health Technology Assessment. Tracking the number of doses administered is a routine monitoring task within a Health Management Information System. Finally, auditing the quality of the vaccination service is a function of a medical audit. Together, these processes ensure that health interventions are scientifically sound, cost-effective, and delivered with high quality.

146. (A) The 'Situational Analysis' for the next planning cycle.
In the iterative process of the planning spiral, the evaluation stage provides critical feedback that informs the next round of planning. Therefore, the step that follows evaluation is the situational analysis for the subsequent planning cycle. This ensures that new plans are based on the successes, failures, and lessons learned from the previous phase. This continuous feedback loop allows health programs to evolve and improve over time, ensuring they remain responsive to the changing health needs of the population.

147. (C) Operations Research.
Using a computer simulation to test different staff schedules and their impact on patient waiting times is a classic application of operations research. This field uses quantitative models and simulations to solve complex operational problems and optimize the use of resources. By testing various scenarios in a virtual environment, health managers can identify the most efficient staffing models without disrupting actual hospital services. This data-driven approach helps improve service delivery, reduce bottlenecks, and enhance overall organizational efficiency.

148. (D) The evidence for its clinical effectiveness and safety.
A key domain that must be assessed in any Health Technology Assessment is the evidence regarding the clinical effectiveness and safety of the technology. This involves a systematic review of scientific data to ensure that the technology works as intended and does not cause undue harm to patients. Assessing safety and efficacy is fundamental for making evidence-informed policy decisions about whether a technology should be adopted by the health system. Other domains include cost-effectiveness and ethical or social implications.

149. (C) Evaluation.
Evaluation is defined as the periodic assessment of the relevance, performance, efficiency, and impact of a project in relation to its stated objectives. Unlike continuous monitoring, evaluation provides an in-depth analysis of whether a program is actually achieving its goals. This process helps determine whether the resources invested are producing the desired health outcomes. By providing objective feedback, evaluation is essential for program accountability and for learning from experience to improve future health planning and management efforts.

150. (B) Data is often aggregated at a higher level and not available for local use.
A major barrier to using Health Management Information System data for local planning is that information is often summarized and aggregated at regional or national levels. This process removes the specific, granular details needed for local managers to address facility-level problems. When data is only available in summary form, it is difficult to identify unique local trends or allocate resources effectively to meet community-specific needs. Ensuring that local staff have access to their own disaggregated data is essential for effective decentralized health management.

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communication and clearly defining the roles and responsibilities of each member. Additionally, managers must be skilled in resolving conflicts that naturally arise in a multidisciplinary environment. By focusing on these team dynamics, leaders can create a collaborative and supportive atmosphere that improves efficiency and patient care. Strong management ensures that the team remains focused on its goals and that all members feel valued for their specialized contributions.

165. (C) Manage the health workforce, including data on deployment, skills, and vacancies.
A Human Resources in Health Information System is a specialized tool designed to manage the national health workforce effectively. It stores and processes data on staff deployment, professional skills, training history, and current vacancies. By providing a clear picture of the workforce, this system helps health managers identify geographic imbalances and plan for recruitment and training needs. An effective HRHIS is essential for optimizing the use of human resources and ensuring that the right staff are in the right positions.

166. (B) The relationship between people and plants, including their use as medicines.
Ethnobotany is the scientific study of the complex relationship between people and plants, with a particular focus on how traditional cultures use local flora for medicinal purposes. This field is essential for understanding local health traditions and identifying potential new sources of medicine. By documenting indigenous knowledge of plant-based therapies, ethnobotanists contribute to the preservation of cultural heritage and provide a foundation for scientific validation. This research is vital for integrating traditional botanical knowledge into modern healthcare and pharmacology.

167. (D) The specific measures, objectives, and principles outlined in the policy document.
In the policy triangle framework, the content element refers to the specific measures, objectives, and principles that are formally outlined in a policy document. It represents the actual substance of the policy, including its goals and the strategies proposed to achieve them. Analyzing content is essential for understanding the technical direction of a policy and evaluating its potential impact. While context and actors are important, the content provides the formal blueprint for the actions the health system will undertake.

168. (A) Both A and R are true and R is the correct explanation of A.
Quality assessment in health services must include patient perspectives because patient-centered care is a fundamental dimension of high-quality healthcare. Feedback from patients provides valuable insights into the experiential aspects of care that may not be captured by technical or clinical metrics alone. By understanding patient experiences, healthcare providers can identify areas for improvement in communication, dignity, and service responsiveness. Incorporating patient voices ensures that quality improvement efforts are holistic and focused on the actual needs of the people.

169. (C) The conflict between their duty to an individual patient and their duty to a third party, such as an employer or the state.
Dual loyalty is an ethical challenge that occurs when a health professional's duty to an individual patient conflicts with their obligations to a third party, such as an employer, an insurance company, or the state. This can arise in situations where institutional interests or legal requirements pressure a provider to act in a way that may not be in the patient's best clinical interest. Navigating these conflicts requires a strong commitment to professional ethics and the primary principle of acting in the patient's welfare.

170. (A) They should act as a source of independent, evidence-based advice to inform the development and evaluation of health policy.
National Public Health Institutes should serve as a source of independent, evidence-based advice to inform the development and evaluation of health policy. While they work closely with the government, their value lies in providing objective scientific insights that are free from political bias. By conducting rigorous research and providing technical expertise, these institutes help ensure that health policies are grounded in evidence. This independent role is essential for strengthening the health system and providing credible guidance on public health challenges.

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practice effectively or feel personally satisfied in their roles. Addressing these push factors through improved infrastructure and professional support is essential for retaining a stable and motivated health workforce in developing nations.

198. (A) P-4, Q-3, R-1, S-2.
Health planning and management involve several interrelated concepts. A health policy is a formal statement of intent to guide health decisions, while a health system is the combination of all resources and people involved in health actions. Health planning is the orderly process of setting priorities and designing specific interventions. Finally, health management refers to the day-to-day coordination and implementation of these activities. Understanding these distinctions is essential for anyone working within the administrative or policy levels of a national healthcare organization.

199. (D) The teachings of Greek physicians like Hippocrates and Galen, further developed in the Arab/Persian world.
The Unani system of medicine, which is a recognized part of the AYUSH group, has its historical origins in the teachings of ancient Greek physicians such as Hippocrates and Galen. These medical traditions were later expanded and refined in the Arab and Persian world before being introduced to India. Unani medicine follows a holistic approach based on the balance of the four humors in the body. Promoting this system respects its long history and diverse cultural roots within the pluralistic Indian health environment.

200. (A) Medical Audit.
A medical audit is the systematic and critical analysis of the quality of medical care provided to patients. This process involves a retrospective review of clinical performance, including diagnostic and treatment procedures, the use of resources, and the final outcomes. By comparing actual practice against established professional standards, medical audits help identify gaps and provide a basis for quality improvement. The goal is to ensure that healthcare delivery is safe, effective, and consistent with the highest standards of professional excellence.

201. (C) Offering AYUSH and allopathic facilities in the same location.
Co-location of AYUSH and allopathic services means offering both traditional and modern medical facilities within the same healthcare location, such as a community health center or hospital. This strategy is a key part of mainstreaming AYUSH, as it makes traditional medicine more accessible and encourages collaboration between different types of providers. Co-location allows patients to choose from multiple treatment options in one place and helps create a more integrated and pluralistic healthcare system that respects both modern and traditional medicine.

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202. (A) Political Lobbying.
The World Health Organization's framework for health systems describes six core "building blocks": service delivery, health workforce, information (HMIS), medical products and technologies, financing, and leadership/ governance. These components are essential for a functioning health system. Political lobbying, while a part of the external environment, is not considered one of the formal structural building blocks of the health system itself. Understanding these six blocks is fundamental for health planning and for identifying areas that require strengthening to improve overall system performance and outcomes.

203. (D) Role clarity.
Role clarity occurs when each member of a health team has a clear and shared understanding of their specific responsibilities and how they relate to the work of others. For example, when a doctor, nurse, and community health worker each have defined tasks, it prevents confusion and duplication of effort. Role clarity is essential for effective teamwork and coordinated patient care. By ensuring everyone knows their role, the team can function more efficiently and provide a more comprehensive service to the target population.

204. (B) An accreditation program.
An accreditation program provides a formal set of standards used to assess the performance of a healthcare organization and guide continuous quality improvement. Organizations like NABH use these benchmarks to evaluate various aspects

systems in the country and is a recognized part of the AYUSH group. Siddha medicine focuses on achieving physical and spiritual health through a holistic approach that includes diet, lifestyle, and herbal treatments. Promoting the study and integration of this regional tradition is essential for a pluralistic healthcare system.

178. (A) The role of actors and interests.
When a policy analyst examines how powerful lobby groups influenced a health program's design, they are focusing on the role of actors and interests. This part of policy analysis explores who has power, what their interests are, and how they exercise influence over the policy-making process. Understanding these dynamics is essential for explaining why certain policy decisions are made and for identifying the various pressures that shape national health strategies. This focus helps reveal the political complexities inherent in any health policy.

179. (C) In-depth monitoring of diseases in a few, selected sites to indicate trends in the larger population.
Sentinel surveillance involves the in-depth and continuous monitoring of specific diseases at a few, carefully selected sites. The information collected from these sentinel sites is used to provide a reliable indication of disease trends and patterns in the larger population. This approach is more cost-effective than universal surveillance while still providing high-quality data for public health planning. National institutes manage these systems to track the spread of infections and evaluate the impact of public health interventions across the entire country.

180. (B) Statements (a), (b), and (c) only are correct.
Health planning is a dynamic and evidence-based process that must consider financial and human resource limitations. It is not a static blueprint but an ongoing effort to align health goals with available resources. Furthermore, planning is a multidisciplinary responsibility that involves not only doctors but also managers, economists, and community representatives. By including diverse perspectives and basing decisions on data, health systems can develop more realistic and effective plans that improve population health outcomes and ensure that services are sustainable.

181. (C) To protect the rights, safety, and well-being of human subjects involved in research.
An institutional ethics committee plays a vital role in healthcare by protecting the rights, safety, and well-being of individuals who participate in research. These committees provide independent oversight by reviewing research protocols to ensure they meet ethical standards. This includes evaluating whether the risks to participants are minimized and that they provide informed consent. By safeguarding the dignity of research subjects, ethics committees maintain the integrity of clinical and public health studies and ensure that research is conducted in a responsible manner.

182. (A) Both A and R are true and R is the correct explanation of A.
In a multidisciplinary health team, clear role definitions are essential for effective functioning and coordinated patient care. When roles are ambiguous or overlap without proper coordination, it can lead to confusion, duplication of effort, and gaps in service delivery. Such ambiguity is a common source of conflict among team members. By establishing clear responsibilities, each professional can focus on their unique contribution while respecting the expertise of others. This clarity is fundamental for providing efficient, high-quality care that meets all patient needs.

183. (D) The completeness, accuracy, and timeliness of the data.
In a Health Management Information System, data quality is defined by the completeness, accuracy, and timeliness of the information collected. For data to be useful for decision-making, it must be reported correctly and on time, and it must cover all the required parameters. Poor data quality can lead to incorrect conclusions and ineffective planning. Ensuring high standards for data entry and processing is essential for building trust in the system and ensuring that health management is based on a reliable and evidence-based foundation.

184. (A) Track performance across financial, patient, and process views.
A balanced scorecard is a strategic management tool that allows health organizations to track performance across multiple dimensions,

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171. (D) How can we schedule nurse shifts to provide adequate coverage while minimizing overtime costs?
Operations research is specifically designed to address logistical and operational questions through mathematical modeling. An example is determining the most efficient way to schedule nurse shifts to ensure adequate patient coverage while minimizing costs. This quantitative approach helps health managers solve complex problems related to resource allocation and process optimization. By using data to find optimal solutions, operations research enhances the efficiency and effectiveness of health service delivery, allowing for better use of staff time and organizational funds.

172. (A) Both Statement I and Statement II are correct.
Monitoring and evaluation are both essential for program management, but they focus on different aspects of a project. Monitoring is an ongoing process that checks whether program activities are being implemented according to the plan. Evaluation, conversely, is a more in-depth assessment that determines whether the program has achieved its intended outcomes and long-term impact. Together, these two processes provide the data needed for accountability, learning, and making informed adjustments to ensure that health programs are successful and effective.

173. (C) It allows for standardization of indicators and comparability of data across different regions and facilities.
The most significant benefit of a unified national Health Management Information System is the standardization of indicators and the ability to compare data across different regions and facilities. This consistency allows health managers to identify national trends, benchmark performance, and allocate resources more equitably. A standardized system ensures that data collected at various levels of the health system is comparable and can be used to provide a comprehensive national overview. This is essential for evidence-based planning and for monitoring national health goals.

174. (D) A blame-free environment where the focus is on learning and system improvement.
A successful medical audit requires a blame-free environment where the primary focus is on professional learning and systemic improvement. If the process is perceived as punitive, staff may be less likely to participate openly or report clinical gaps. By emphasizing quality enhancement rather than individual punishment, audits can foster a culture of transparency and continuous improvement. This approach encourages healthcare providers to critically evaluate their own practice and work together to redesign systems that provide safer and more effective care for patients.

175. (B) P-3, Q-1, R-2.
The Donabedian model classifies quality indicators into structure, process, and outcome. Structure indicators, such as the doctor-to-patient ratio, reflect the organizational capacity to provide care. Process indicators, like the percentage of patients receiving correct medication, measure the actual activities performed during care delivery. Outcome indicators, such as patient recovery and satisfaction levels, assess the final results of healthcare on the patient. Correctly using these three types of indicators allows for a comprehensive assessment of the quality and safety of health services.

176. (B) Higher salaries and better professional opportunities in the destination country.
Pull factors contribute to the brain drain by making other countries more attractive to highly skilled health workers. Examples include higher salaries, better professional opportunities, and more advanced research environments in destination countries. These factors draw health professionals away from their home countries, often leading to a shortage of skilled personnel in developing regions. Addressing the brain drain requires not only managing push factors at home but also understanding these global pull factors that influence the migration of the national health workforce.

177. (B) Southern India (Tamil Nadu).
The Siddha system of medicine is a traditional medical system that primarily originated and is practiced in Southern India, particularly in the state of Tamil Nadu. It is one of the oldest medical

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191. (A) Strengthening the skills, knowledge, and abilities of the public health workforce and institutions.
Capacity building is a core function of National Public Health Institutes that involves strengthening the skills, knowledge, and abilities of the public health workforce. This is achieved through specialized training, education, and technical support to regional and local health agencies. By enhancing the professional competence of staff and the functional capability of institutions, capacity building ensures that the health system is better prepared to manage health challenges and deliver effective services. This investment in human capital is essential for long-term health system development.

192. (B) Statements (b), (c), and (d) only are correct.
A social audit is a participatory process that aims to promote transparency and accountability by comparing official program records with the actual experiences of beneficiaries on the ground. It is a powerful tool for community empowerment, as it provides a platform for citizens to scrutinized government services and hold officials answerable. By making program implementation visible to the public, social audits help identify gaps and improve service delivery. This community-led approach ensures that health programs are more responsive to the needs of the population.

193. (B) SWOT Analysis.
A health manager who evaluates the strengths, weaknesses, opportunities, and threats for a new program is using a strategic tool known as SWOT analysis. This framework helps the manager understand the internal capacity of their organization and the external environment in which they operate. By identifying these four dimensions, they can develop strategies that maximize their strengths and take advantage of opportunities while addressing weaknesses and preparing for potential threats. This systematic assessment is fundamental for effective health planning and long-term organizational success.

194. (A) What is actually done in giving and receiving care.
In the Donabedian model, the process component refers to the actual activities and interactions that occur between healthcare providers and patients during the delivery of care. This includes diagnostic procedures, treatment steps, and how well medical professionals follow clinical guidelines. Assessing the process provides insight into the quality of clinical care being delivered. Unlike structure, which focuses on resources, or outcomes, which focus on results, process indicators examine the day-to-day actions that determine the safety and effectiveness of healthcare services.

195. (C) An integrated system of health information for management functions.
A Health Management Information System is an integrated system designed to collect, process, and analyze health information to support various management functions. Its primary goal is to provide timely and accurate data that helps health managers at all levels make informed decisions about planning, resource allocation, and performance monitoring. By transforming raw data into actionable information, an HMIS strengthens health system management and ensures that health services are more evidence-based and responsive to the needs of the population and facilities.

196. (D) Ensuring that the assessment process is transparent and free from conflicts of interest.
A key ethical issue in Health Technology Assessment is ensuring that the process is transparent and entirely free from conflicts of interest. For HTA findings to be credible and useful for policy-making, they must be based on objective scientific evidence rather than commercial or personal interests. This requires clear disclosure of all potential conflicts and a rigorous peer-review process. Maintaining high ethical standards ensures that HTA remains a trusted tool for the efficient and fair allocation of healthcare resources for the population's benefit.

197. (C) Poor working conditions and lack of resources in the home country.
Push factors are negative conditions in a health worker's home country that encourage them to seek opportunities elsewhere. Common examples include poor working conditions, a lack of essential medical resources, and limited career development opportunities. These factors contribute significantly to the brain drain by making it difficult for health professionals to

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being that result from program interventions. A reduction in the infant mortality rate is a classic example of an outcome, as it reflects the ultimate impact of the program. This differs from outputs, which are the immediate products or activities of the program, such as the number of staff trained or pamphlets distributed. While outputs show that activities were performed, outcomes demonstrate whether those activities actually achieved the intended health benefit.

212. (D) 2, 3, 4, 1.
The health workforce is organized in levels from numerous community-based providers to highly specialized hospital-based staff. This hierarchy typically begins with community health workers like ASHA at the grassroots level, followed by medical officers at primary health centers. Further up the system are nursing staff at district-level hospitals, with specialist doctors at tertiary care centers being the most specialized. This structure ensures that basic care is available in the community while providing access to increasingly complex services at higher-level facilities.

213. (C) Demonstrate a commitment to quality and patient safety to the public and stakeholders.
The primary purpose of obtaining accreditation for a health facility is to demonstrate a formal commitment to quality and patient safety to the public and other stakeholders. Accreditation from recognized bodies like NABH or JCI indicates that the facility has undergone a rigorous external assessment and meets established benchmarks of performance. This recognition helps build trust in the healthcare system and provides an assurance that the facility follows safe clinical and administrative practices. It also serves as a framework for continuous improvement.

214. (B) Reason.
In the Assertion-Reason (A-R) question format, the letter 'R' stands for reason. This type of question consists of two statements: an assertion that makes a claim and a reason that provides a potential explanation for that claim. The task is to determine whether both statements are true and whether the reason correctly explains the assertion. This format is used in assessments to test critical thinking and the ability to understand logical connections between different concepts in health and science.

215. (D) Social Audit.
A public hearing, or 'Jan Sunwai', is a cornerstone of the social audit process. This event provides a platform for community members to share their experiences and directly question officials about the implementation of health programs. By making the findings of an audit public and facilitating an open dialogue between providers and beneficiaries, the public hearing promotes transparency and accountability. It is an essential step for empowering local communities and ensuring that health services are managed in a manner that is responsive.

216. (A) Prioritizing vaccination for frontline health workers and the elderly during a pandemic with limited vaccine supply.
Prioritizing certain groups for vaccination when supplies are limited is an application of the ethical principle of justice. This principle requires that resources are distributed fairly based on transparent and ethically justifiable criteria. In a pandemic, this might involve prioritizing those at highest risk of severe illness or those essential for maintaining the health system. By developing fair allocation strategies, public health officials ensure that limited benefits are distributed equitably, protecting the most vulnerable and the community as a whole.

217. (C) A variable whose value shows the state or level of something.
In monitoring and evaluation, an indicator is a specific variable whose value is used to show the state or level of a particular condition or performance. Indicators provide a measurable way to track progress and assess whether health objectives are being met. They can be quantitative, such as case counts, or qualitative, like patient satisfaction levels. By selecting appropriate indicators, health managers can gain objective data on program performance, allowing for evidence-based decisions and more effective management of health interventions.

218. (A) P-4, Q-2, R-3, S-1.
Different national bodies in India have specific primary functions. NIHFW serves as an apex technical institute for public health research

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of clinical and administrative care. By meeting these standards, a facility demonstrates to the public and stakeholders that it is committed to high levels of quality and patient safety. Accreditation serves as an external verification of a facility's commitment to excellence and its adherence to recognized best practices.

205. (A) Both A and R are true and R is the correct explanation of A.
The quality of data in a Health Management Information System is crucial for its utility because managers will only trust the system if they perceive the information to be accurate and complete. If a system follows the 'garbage in, garbage out' principle, where inaccurate data is used, the resulting decisions will also be flawed. Building a culture that values data quality is essential for making health management more evidence-based. Ensuring high standards for data collection is necessary for the system to be useful for planning.

206. (D) Agreement (patient must agree with the doctor's first recommendation).
Informed consent requires that patients are provided with clear information (disclosure), are competent to make a decision (capacity), and can decide without coercion (voluntariness). It does not require that a patient must agree with the doctor's first recommendation. In fact, respecting a patient's right to refuse treatment or seek alternatives is a fundamental part of autonomy. The goal of the consent process is to empower the patient to make a choice that aligns with their own values after being fully informed.

207. (A) To strengthen health systems by conducting research, training, and providing technical support.
During peacetime, the primary role of a National Institute of Public Health is to strengthen the overall health system by conducting research, providing specialized training, and offering technical support to other health agencies. These institutes work to build the evidence base for health policy and enhance the capacity of the workforce to manage ongoing health challenges. By fulfilling these roles, they help ensure that the health system is prepared and efficient even when there is no immediate emergency, leading to better long-term outcomes.

208. (B) Statements (a), (c), and (d) only are correct.
Health systems research is a multi-disciplinary and problem-oriented field that aims to generate evidence for improving health system performance. It should be participatory, involving relevant stakeholders such as policy-makers, managers, and the community to ensure findings are relevant and applied. By using diverse methodologies from epidemiology, economics, and social sciences, this research provides a holistic understanding of health system challenges. This action-oriented approach is essential for designing effective health interventions that are evidence-based and responsive to the needs of the actual population.

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209. (B) Assessing individuals or groups with interests in a policy.
Stakeholder analysis in health policy studies involves identifying and assessing individuals or groups who have a vested interest in a particular policy. This analysis explores their level of influence, their positions on the issue, and how they might be affected by the policy. Understanding these dynamics is essential for policy-makers to navigate political challenges and build support for new interventions. By identifying potential allies and opponents, stakeholder analysis helps in designing policies that are more likely to be successfully formulated and implemented.

210. (A) It is an art and a science of getting things done through people to achieve organizational goals.
Management in health systems is defined as the art and science of coordinating resources and people to achieve specific organizational goals. It involves planning, organizing, leading, and controlling activities to ensure that health services are delivered effectively and efficiently. This multifaceted role requires a combination of technical knowledge and interpersonal skills to manage diverse teams and complex health environments. Effective management is essential for ensuring that health organizations can fulfill their primary mission of promoting, restoring, and maintaining population health.

211. (C) A 20% reduction in the infant mortality rate in the project area.
An outcome of a health program refers to the long-term changes in health status or well-

including financial health, patient satisfaction, and internal clinical processes. By providing a holistic view of the organization, it helps managers ensure that one area of performance is not emphasized at the expense of others. This approach supports a more balanced and comprehensive planning process, ensuring that the health system meets its financial obligations while still delivering high-quality and patient-responsive services to the community.

185. (C) Operations Research is quantitative, while System Analysis is qualitative.
Operations research and system analysis are related fields with a key difference in their primary methodology. Operations research is largely quantitative, using mathematical modeling and statistical analysis to solve specific operational problems. In contrast, system analysis is often more qualitative, focusing on understanding the complex interactions and relationships between the various parts of a health system. While both are used to improve system performance, they provide different types of insights—one focuses on numerical optimization and the other on systemic understanding and organizational dynamics.

186. (A) Systematically using data on adverse events to redesign protocols.
A commitment to quality improvement is demonstrated by systematically using data from adverse events and medical errors to redesign clinical and administrative protocols. Instead of assigning blame to individuals, this proactive approach focuses on identifying and fixing the underlying system failures that lead to errors. By learning from mistakes and using evidence to improve workflows, healthcare organizations can create safer environments and provide more effective care. This continuous cycle of evaluation and redesign is a cornerstone of a high-quality healthcare system.

187. (D) Co-location and Integration.
Mainstreaming AYUSH involves a strategy of co-location and integration, where traditional medical services are offered alongside modern allopathic medicine within the same health facilities. This approach aims to make AYUSH more accessible to the public and to encourage collaboration between different types of healthcare providers. By integrating these systems, the government seeks to provide a more pluralistic and holistic healthcare environment. This strategy respects cultural health traditions while leveraging the strengths of both systems to improve overall population health and wellness.

188. (B) Product Marketing.
The health policy cycle typically includes stages such as agenda setting, policy formulation, and policy implementation. These steps ensure that health problems are identified and that strategic plans are developed and put into practice. Product marketing, however, is a commercial activity that is not considered a standard step in the public policy-making process. While policies may need to be communicated to the public, the goal is informational rather than commercial. The focus of the policy cycle remains on achieving public health objectives.

189. (C) A patient being harmed by medical care, rather than by their underlying disease.
In the context of patient safety, an adverse event is an instance where a patient is harmed as a direct result of their medical care, rather than by their underlying disease or condition. These events include medication errors, surgical complications, or hospital-acquired infections. Monitoring adverse events is a critical part of quality assessment, as it helps healthcare organizations identify systemic weaknesses and develop strategies to prevent future harm. Improving patient safety requires a focus on understanding these events and redesigning processes to minimize risks.

190. (D) The benefits and burdens of healthcare are distributed fairly.
The principle of justice in health ethics requires that the benefits and burdens of healthcare be distributed fairly across the entire population. This means ensuring equitable access to services regardless of a person's socioeconomic status, location, or background. Justice also involves a fair allocation of health resources and a transparent process for prioritizing certain interventions or groups when resources are limited. By upholding this principle, health systems can ensure that they are serving all citizens in a manner that is both ethical and equitable.

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and training, while NABH is responsible for hospital accreditation. ICMR promotes biomedical research across the country, and the National Medical Commission (NMC) regulates medical education and professional practice. Understanding the distinct roles of these organizations is essential for navigating the national health system and ensuring that healthcare services and education meet established standards of quality and scientific integrity.

219. (D) To encourage the most skilled workers to emigrate.
The goals of effective human resources in health management include ensuring the right number of workers with appropriate skills are deployed to the right locations. Conversely, encouraging the emigration of highly skilled workers, a phenomenon known as brain drain, is counterproductive and harmful to the home country's health system. Effective management focuses on strategies for staff retention and professional development to maintain a stable and capable workforce. The ultimate goal is to build a workforce that can meet population health needs equitably.

220. (B) The national mood, election cycles, and the influence of interest groups.
In Kingdon's model of agenda setting, the political stream refers to factors such as the national mood, election cycles, and the influence of various interest groups. These elements shape the political climate and determine whether policy-makers are receptive to new ideas. A change in government or a shift in public opinion can create an opportunity for certain health issues to move forward. Understanding the political stream is essential for policy analysts to explain why some health concerns become national priorities while others do not.

221. (B) Statements (a), (b), and (c) only are correct.
Health planning involves deciding in advance what to do and how to do it, while management is the process of implementing those plans to achieve set objectives. Planning and management are deeply interconnected; a well-developed plan is of little use without effective implementation, and management is most successful when it is guided by a clear and purposeful plan. Together, they provide the necessary framework for ensuring that healthcare resources are used efficiently to improve population health and achieve organizational success for all.

222. (A) Inventory Control Model.
An inventory control model is a tool from operations research used to manage the stock of essential products, such as blood in a blood bank. These models use mathematical formulas to determine the optimal levels of stock to keep on hand to minimize both shortages and wastage due to expiry. By using data-driven methods, health managers can ensure that life-saving resources are always available when needed while reducing unnecessary costs. This quantitative approach is essential for managing the complex logistics of medical supply chains.

223. (A) To support evidence-based decision-making at all levels of the health system.
The fundamental goal of a Health Management Information System is to provide the data needed for evidence-based decision-making at all levels of the health system. By collecting and analyzing operational and epidemiological information, the system helps managers monitor performance, identify health trends, and allocate resources more effectively. An effective HMIS replaces guesswork with data, ensuring that health planning and management are purposeful and responsive to the needs of both the population and the healthcare providers within the national system.

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224. (C) Statement I is incorrect, but Statement II is correct.
A medical audit is not a punitive process aimed at firing doctors; rather, it is an educational and quality improvement tool. Through a process of peer review, clinicians evaluate their work against established standards to identify gaps in care. The goal is to learn from experience and implement systemic changes that improve the quality and safety of patient care. This non-punitive approach fosters a culture of transparency and professional growth, ensuring that all clinical staff are supported in providing care.

225. (B) Multidisciplinary health team.
A multidisciplinary health team consists of professionals from different clinical and non-

clinical backgrounds who work together to provide coordinated and comprehensive care for patients. This approach recognizes that complex health problems often require diverse expertise from doctors, nurses, social workers, and other specialists. By collaborating and sharing their specialized knowledge, these professionals can address the multifaceted needs of individuals more effectively than any single profession could alone. This teamwork is essential for providing holistic care and improving overall patient outcomes.

226. (A) Human Resources in Health retention.
A demotivating work environment is a significant factor contributing to challenges in human resources in health retention, particularly in rural public health facilities. Factors such as poor infrastructure, lack of resources, and professional isolation can discourage health workers from remaining in their posts. Addressing these environmental issues is essential for building a stable workforce in underserved areas. Strategies for improved retention must go beyond financial incentives to include better working conditions and professional support to ensure that health workers feel valued and capable.

227. (C) A formal output of the health policy study and formulation process.
The National Health Policy document is a formal output of the policy study and formulation process. It represents the government's official strategy and set of goals for the country's health system over a multi-year period. This document outlines the principles, priorities, and proposed actions that will guide health decision-making and resource allocation. By providing a clear and purposeful direction, the national policy ensures that health interventions are aligned with the overall mission of improving population health and strengthening the healthcare system.

228. (D) The management systems and processes that ensure consistent quality.
ISO 9000 standards, when applied to a hospital, are primarily concerned with the management systems and processes that ensure consistent quality in service delivery. These standards provide a framework for organizations to evaluate and standardize their administrative and clinical workflows. By achieving ISO certification, a hospital demonstrates that it has robust systems in place for monitoring performance and correcting errors. This focus on management quality ensures that healthcare services are reliable, predictable, and consistently meet the requirements of patients and regulatory bodies.

229. (C) Non-maleficence.
The principle of non-maleficence requires researchers to stop a clinical trial if a new intervention is found to be clearly harmful to participants. This fundamental ethical duty is to "do no harm" and ensure that the safety of research subjects is prioritized over scientific discovery. While trials aim to find beneficial treatments, any intervention that causes undue risk must be halted. This safeguard protects the rights and welfare of participants and is an essential component of ethical research conduct in both clinical and public health settings.

230. (B) Capacity building and training.
When a national institute develops a curriculum for training public health managers, it is performing its core function of capacity building and training. This role involves strengthening the skills and knowledge of the health workforce to improve the management of health systems and programs. By providing specialized education and standardized training materials, these institutes ensure that managers have the expertise needed to lead effective public health interventions. This investment in human resources is essential for building a strong and capable national healthcare system.

231. (A) Both A and R are true and R is the correct explanation of A.
Health systems research is essential for achieving universal health coverage because it provide the evidence needed to design systems that are effective, efficient, and equitable. This research investigates how health services can be organized and financed to ensure that all people have access to quality care without financial hardship. By providing data on what works in different contexts, researchers help policy-makers develop strategies that reach vulnerable populations and strengthen the overall health infrastructure. This evidence-based approach is fundamental to building a health system for all.

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232. (A) The marketing slogan for the technology.
A typical Health Technology Assessment involves evaluating several key domains, including clinical efficacy, safety, and cost-effectiveness. These assessments provide the scientific evidence needed to inform policy decisions about the adoption of new medical technologies. Conversely, marketing slogans are commercial tools used to promote products and are not considered a part of the rigorous scientific and economic evaluation performed during an HTA. The focus of HTA remains on objective data related to health outcomes and resource utilization rather than commercial appeal or product branding.

233. (D) All of the above statements are correct.
Monitoring and evaluation are both crucial for health program management and accountability. Monitoring is a routine activity that tracks inputs and activities to ensure they are on track, while evaluation is a more episodic assessment of outcomes and impact. Together, they provide the necessary data to understand if program goals were achieved and how to improve future planning. By using both processes, health managers can ensure that interventions are effective and that resources are used efficiently to improve population health.

234. (A) Document, validate, and promote safe and effective traditional practices.
The primary aim of integrating AYUSH with local health traditions is to document, validate, and promote traditional practices that are found to be safe and effective. This process involves using scientific research to confirm the benefits of traditional remedies and therapies. By validating these traditions, the health system can leverage culturally acceptable resources for primary care while ensuring patient safety. This integration respects indigenous knowledge and promotes a pluralistic healthcare environment that offers a wide range of evidence-based options to the public.

235. (D) A set of activities intended to provide confidence that quality requirements will be met.
Quality assurance in healthcare refers to a systematic set of activities designed to provide confidence that specific quality requirements and standards will be consistently met. This includes setting clear performance benchmarks, monitoring clinical and administrative processes, and taking corrective action when deviations occur. While it cannot guarantee a cure for every patient, quality assurance ensures that the health system has robust mechanisms in place to provide safe and effective care. This proactive approach is essential for maintaining high standards and building public trust.

236. (A) Veracity.
Veracity is the ethical principle that requires healthcare professionals to be truthful and honest in their communication with patients. This involves providing accurate information about diagnoses, treatment options, and potential risks or outcomes. Honesty is essential for building trust and for allowing patients to make truly informed decisions about their own medical care, thereby supporting their autonomy. Upholding veracity is a fundamental professional duty that respects the dignity of the patient and ensures transparency in the clinical relationship between providers and recipients.

237. (C) Analyze data from the HMIS to identify problems and guide actions.
A key competency for a health manager is the ability to analyze data from the Health Management Information System to identify operational problems and guide health actions. Unlike clinicians who focus on individual diagnosis, managers use aggregate data to monitor facility performance and population health trends. This skill allows for evidence-based decision-making and the efficient allocation of resources. By using information to drive improvements, managers play a critical role in strengthening the performance and responsiveness of the health system they oversee.

238. (D) The ability to keep staff from leaving their posts, especially in underserved areas.
Retention in the context of human resources in health refers to the ability of the health system to keep staff from leaving their positions, particularly in underserved or rural areas. High turnover can disrupt service delivery and lead to a loss of institutional knowledge. Strategies for retention include providing competitive pay, professional support, career development opportunities, and improved living conditions.

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CHAPTER 10
International Health

1. Which of the following best describes the "epidemiological transition" observed in developed countries?
(A) A rapid increase in infant mortality rates due to industrial pollution.
(B) A shift from high prevalence of communicable diseases to a high prevalence of non-communicable diseases.
(C) A complete eradication of infectious diseases followed by a rise in genetic disorders.
(D) A shift from hospital-based care to community-based health services.

2. What is the primary focus of the branch of medicine known as Emporiatrics?
(A) The health of international travelers.
(B) The health of elderly populations.
(C) The health of industrial workers.
(D) The health of indigenous communities.

3. Read the given statements and select the correct option.
Statement I : The Alma-Ata Declaration of 1978 is a landmark document for Primary Health Care.
Statement II : The Alma-Ata Declaration emphasized vertical, disease-specific programs over comprehensive health services.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

4. Which of the following is considered a 'double burden of disease' for many countries in the South East Asia region?
(A) The simultaneous presence of high levels of mental and physical illness.
(B) The challenge of dealing with both urban and rural health disparities.
(C) The financial strain of funding both public and private healthcare.
(D) The coexistence of significant communicable and non-communicable disease loads.

5. Match List I with List II and select the correct answer using the codes given below.
List I (International Agency):
P. UNICEF,
Q. UNFPA,
R. FAO,
S. World Bank
List II (Primary Focus Area):
1. Food security,
2. Health financing,
3. Child welfare,
4. Reproductive health
(A) P-3, Q-4, R-1, S-2
(B) P-1, Q-2, R-3, S-4
(C) P-3, Q-1, R-4, S-2
(D) P-4, Q-3, R-2, S-1

6. Which of the following is NOT a characteristic health problem of developing countries?
(A) High maternal mortality ratio.
(B) High prevalence of age-related dementia.
(C) Widespread malnutrition.
(D) Endemic communicable diseases like malaria and tuberculosis.

7. Identify the incorrect statement regarding the Millennium Development Goals (MDGs).
(A) The MDGs consisted of 8 time-bound goals aimed for completion by a multi-national deadline of 2015.
(B) MDGs 4, 5, and 6 focused specifically on reducing child mortality, improving maternal health, and combating diseases.
(C) The MDGs originated from the Millennium Declaration adopted by the United Nations General Assembly.
(D) The MDGs were universally applicable to all countries, regardless of development status.

8. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : Developed countries often face

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explore the role of power and various actors in influencing health decisions. By understanding these complex dynamics, researchers can provide insights that lead to more effective and equitable policies that address the actual health needs and priorities of the entire population.

246. (A) Both A and R are true and R is the correct explanation of A.
A well-managed multidisciplinary health team provides more holistic care than a single practitioner because members bring diverse skills and perspectives to the table. By integrating biomedical, psychological, and social knowledge, the team can address the multifaceted needs of a patient more comprehensively. This collaboration ensures that all aspects of a patient's health are considered, leading to better outcomes and a more supportive care experience. Teamwork is essential for managing complex cases where no single profession has all the necessary expertise.

247. (D) Enhance transparency, accountability, and citizen participation.
The primary goal of a social audit for a health scheme is to enhance transparency and accountability by involving the community in the assessment process. By facilitating citizen participation, social audits make program implementation visible to the public and allow beneficiaries to verify whether services were delivered as planned. This process makes service providers more answerable to the people they serve and empowers communities to advocate for improvements. Social audits are essential for building trust and ensuring that public health schemes remain responsive.

248. (A) Management of lifestyle and chronic diseases, and promotion of wellness.
AYUSH systems can make a significant contribution to public health in the areas of managing lifestyle and chronic diseases and promoting overall wellness. These traditional systems often emphasize holistic approaches, including diet, yoga, and natural therapies, which are effective for long-term health maintenance. By focusing on prevention and the root causes of chronic conditions, AYUSH can complement modern medicine and provide culturally acceptable strategies for addressing the growing burden of non-communicable diseases. This holistic focus is a valuable resource for achieving population health.

249. (C) Cause: Robust HMIS use. Effect: Resource allocation becomes evidence-based.
A clear cause-effect relationship in health management is seen when the robust use of a Health Management Information System leads to evidence-based resource allocation. When managers use accurate and timely data to identify needs, they can distribute funds and staff more effectively to where they will have the most impact. This data-driven approach replaces guesswork and ensures that organizational resources are used purposefully to improve health services. This link between information and action is a hallmark of high-quality and efficient healthcare system management.

250. (A) Operations Research, System Analysis, Health Technology Assessment, Monitoring and Evaluation.
Health Systems Research is a broad field that incorporates several key investigative components, including operations research, system analysis, and Health Technology Assessment. Additionally, monitoring and evaluation are integral parts of this research framework. Together, these methodologies provide a comprehensive set of tools for investigating how health systems function and how they can be improved. By using these diverse research approaches, health managers can gain the evidence needed to design more effective, efficient, and equitable systems that achieve better overall population health results.

251. (B) A continuous and cyclical activity involving multiple stages.
Health planning is characterized as a systematic and data-driven endeavor rather than a one-off task. It functions as a continuous, cyclical process that encompasses essential stages like situational analysis, priority setting, strategy formulation, implementation, and evaluation. This ongoing nature ensures that health systems remain responsive to evolving population needs through regular reassessment and adjustment of objectives.

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252. (A) operational implementation of formulated health plans.
Health management serves as the practical and operational arm of the planning process. Its core responsibility involves the efficient and effective utilization of diverse resources, including human, financial, and material assets. By organizing tasks, leading personnel, and coordinating activities, management transforms formulated health plans into tangible actions within the health system to ensure that set goals are achieved.

253. (C) They are interdependent and complementary for program success.
Planning and management are intrinsically linked components essential for successful health initiatives. While planning provides the necessary direction and objectives, management ensures the efficient execution of these plans through resource allocation and coordination. Their synergy is vital because plans require competent operational support to succeed, and management needs a clear strategic framework to maintain purpose and focus.

254. (D) Formulating overarching health policy.
Management functions involve the operational aspects of implementing health plans through specific organizational and leadership tasks. While organizing teams, directing personnel, and controlling performance against targets are core managerial duties, the high-level formulation of overarching health policy falls outside these routine operational functions. Managers focus on resource utilization and task coordination to meet existing objectives rather than setting policy.

255. (C) To align available health services with the population's health needs efficiently and equitably.
The primary aim of combining health planning with management is to enhance health outcomes and program sustainability. This integration seeks to bridge the existing gap between what the population requires and the services available. By working together, these functions ensure that health services are delivered in a manner that is both equitable and efficient across the healthcare infrastructure.

256. (B) Aiding decision-making through analytical models for resource allocation.
Operations Research utilizes a scientific methodology involving mathematical and analytical models to support complex decision-making processes. In the healthcare sector, its primary utility lies in determining the most effective way to allocate and utilize scarce resources. This approach helps managers optimize logistical challenges, such as pharmaceutical supply chain management or patient flow, through data-driven and rigorous model-based analysis.

257. (D) System Analysis examines the entire system and its interacting components, while Operations Research often targets specific operational issues.
System Analysis distinguishes itself from Operations Research by adopting a holistic perspective of the health system rather than focusing on specific logistical puzzles. It examines the complex interactions, relationships, and feedback loops between various components like patients, providers, and financing. This broad view helps identify systemic weaknesses and leverage points for intervention within the entire interconnected health ecosystem.

258. (A) Understanding the root causes of low retention rates for rural health workers, considering factors like salary, housing, and community integration.
Addressing complex issues like the retention of rural health workers requires examining various interacting factors, including financial incentives, living conditions, and community integration. System Analysis is the appropriate methodology for such scenarios because it provides a holistic understanding of systemic problems. It looks beyond isolated events to identify root causes and interdependencies within the broader social and organizational context.

259. (C) To provide a toolkit for evidence-based management and planning.
Operations Research and System Analysis serve as complementary methodologies within the field of Health Systems Research. Both approaches are utilized to tackle complex operational and structural challenges faced by health systems. Their combined application provides a robust toolkit for evidence-based management and planning, enabling decision-makers to improve

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system performance through scientific modeling and holistic organizational understanding.

260. (A) Designing an efficient immunization delivery schedule.
Operations Research is specifically designed to handle logistical optimization and resource scheduling tasks using mathematical modeling. Creating an efficient immunization delivery schedule is a typical application, as it requires balancing resources, timing, and geographic reach to achieve maximum coverage. This scientific approach helps in making precise decisions about the allocation of personnel and supplies for routine healthcare activities.

261. (D) To continuously track progress against objectives using specified indicators.
Monitoring is defined as the routine and continuous collection of data based on specific performance indicators. Its function is to track the progress of ongoing programs against their stated objectives in real-time. By providing managers with immediate feedback, monitoring ensures that activities are being carried out correctly, allowing for timely adjustments to keep the health program on track.

262. (B) Evaluation asks if the right things are being done, while monitoring asks if things are being done right.
Monitoring and evaluation differ primarily in their timing and the fundamental questions they address. Monitoring is a continuous process focused on inputs and outputs to ensure things are done right. In contrast, evaluation is a periodic, systematic assessment of design and results. It focuses on outcomes and impact, seeking to determine if the program is doing the right things.

263. (C) It is a comprehensive examination of clinical, economic, social, and ethical aspects of a technology.
Health Technology Assessment is a form of comprehensive policy research that evaluates the multifaceted consequences of adopting medical technologies. Its scope extends beyond mere clinical effectiveness to include economic, social, ethical, and organizational implications. This holistic review provides a thorough understanding of both the short-term and long-term impacts of drugs, devices, or procedures on the health system.

264. (D) provide evidence to policymakers for informed decisions on technology adoption.
The essential function of Health Technology Assessment is to equip policymakers with robust evidence for making informed decisions regarding technology adoption. By examining clinical, economic, and ethical factors, it helps determine which technologies offer the best value for money and safety. This evidence-based approach ensures that investments in medical devices, drugs, and procedures are strategically aligned with health goals.

265. (A) What has been the overall reduction in disease incidence due to the vaccination program?
Evaluation is concerned with assessing the broad results, outcomes, and long-term impacts of a health program rather than routine daily tasks. Determining the overall reduction in disease incidence within a population following a vaccination initiative is a characteristic evaluation activity. It looks beyond immediate outputs to understand the fundamental changes in health status achieved by the program's overall design.

266. (B) A comprehensive system for collecting, analyzing, and disseminating health data for decision-making.
A Health Management Information System is a comprehensive framework that goes beyond simple technology to manage health-related data. It encompasses the systematic collection, processing, analysis, and dissemination of information from all levels of the healthcare system. This integrated data repository is essential for supporting effective governance, strategic planning, and evidence-based decision-making for various stakeholders within the health sector.

267. (B) supply timely, accurate, and reliable information to decision-makers.
The fundamental purpose of a Health Management Information System is to ensure that decision-makers have access to timely, accurate, and reliable data. This information covers service delivery, resource management, and epidemiological surveillance across the healthcare system. By providing this critical data,

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Maintaining a stable workforce is essential for ensuring that all populations have consistent access to high-quality healthcare services from experienced and committed providers.

239. (A) The gap between data generation and data utilization for decision making.
A significant challenge for Health Management Information Systems is the common gap between data generation and its actual utilization for decision-making. While many systems collect large amounts of data, this information is often underutilized by managers in their day-to-day planning and performance monitoring. Closing this gap requires building a culture that values data and providing staff with the skills to analyze and interpret information effectively. Ensuring that data is transformed into actionable insights is essential for making health management more evidence-based and responsive.

240. (B) Describe a situation where you had to manage a conflict within your team.
A competency-based question is designed to evaluate how an individual applies their skills and knowledge in practical situations. Asking a candidate to describe a specific instance of managing team conflict requires them to demonstrate their interpersonal and leadership abilities rather than just stating theoretical facts. This type of assessment is valuable for identifying individuals who have the practical experience and problem-solving skills needed for management roles. Competency-based questions provide a more realistic view of a person's ability to perform in complex environments.

241. (B) Medical audit assesses current practice against a standard, while research seeks to create new knowledge.
The key difference between a medical audit and clinical research lies in their primary objectives. A medical audit is a quality improvement process that evaluates current practice against established standards to identify gaps and improve care. Clinical research, in contrast, aims to generate entirely new scientific knowledge or test new hypotheses about diseases and treatments. While both use similar methodologies for data collection, an audit focuses on adherence to best practices, while research focuses on discovering new insights for the field.

242. (B) P-2, Q-1, R-4, S-3.
Health planning terms represent different levels of action. A goal is a broad, long-term desired outcome, while an objective is a specific, measurable target to be achieved within a set timeframe. A strategy is a broad approach or plan of action to achieve these objectives, and an activity is a specific task performed to implement the strategy. Understanding this hierarchy is essential for developing logical and effective health plans that clearly link daily work to the overarching goals of the system.

243. (C) The patient's values and preferences.
Evidence-based medicine is built upon a "three-legged stool" model that integrates three critical elements: clinical expertise, the best available research evidence, and the patient's unique values and preferences. This holistic approach ensures that medical decisions are not only scientifically sound but also respect the individual patient's rights and personal goals. By considering all three components, healthcare providers can deliver care that is both technically high-quality and personally relevant, leading to better patient engagement and clinical outcomes in a shared decision-making environment.

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244. (D) The ongoing, systematic collection, analysis, and interpretation of health-related data.
Surveillance in public health is the ongoing and systematic collection, analysis, and interpretation of health-related data. Its purpose is to monitor disease trends and identify outbreaks or emerging health threats in a timely manner. This continuous process provides the evidence needed for planning, implementing, and evaluating public health interventions. National institutes manage these surveillance systems to ensure diagnostic accuracy and coordinated responses across the country. Effective surveillance is essential for protecting the public and for the evidence-based management of national health programs.

245. (C) Statements (a), (b) and (c) only are correct.
Health policy studies is an interdisciplinary field that examines the political, social, and economic processes that shape health policies. It analyzes the entire cycle of policy-making, from agenda setting to implementation and evaluation. This field goes beyond the text of policy documents to

276. (A) The entire range of clinical, administrative, and support staff.
Human Resources in Health encompasses the complete spectrum of individuals whose work contributes to health system functions. This includes clinical staff like doctors and nurses, as well as administrative and support personnel. Strategic management of this diverse workforce is essential, involving planning, recruitment, and retention efforts to ensure that the health system has the necessary capacity to deliver services.

277. (D) The concept of a health team working collaboratively.
The health team concept is a cornerstone of modern healthcare delivery, emphasizing collaborative efforts among diverse professionals. These teams consist of individuals with different skills and backgrounds working toward the shared goal of improving patient health. Effective management involves fostering communication and defining roles, ensuring that various specialists function as a cohesive unit rather than working in isolated silos.

278. (B) Marketing health services to consumers.
Strategic management of Human Resources in Health involves several core components aimed at maintaining a competent workforce. These include planning for future needs, recruitment and deployment of staff, and initiatives for training, motivation, and retention. While these internal organizational activities are crucial for system goals, the external marketing of health services to consumers is not considered a component of HRH management.

279. (C) a maldistribution of staff and a decline in quality of care.
Inadequate management of health personnel can result in significant systemic problems, such as a maldistribution of staff between urban and rural areas. This often leads to high attrition rates and low staff morale, which negatively impacts the functioning of the health system. Ultimately, these management failures cause a decline in the quality of care provided to the population.

280. (D) It is a core strategic imperative for achieving health system goals.
Investing in the management of Human Resources in Health is viewed as a fundamental strategic imperative for the health system. It is not merely an administrative overhead but a necessary action to achieve desired health outcomes. Effective management of staff through planning and motivation is essential for building a robust infrastructure capable of delivering high-quality and equitable health services.

281. (A) Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy.
The acronym AYUSH represents the integrated traditional and complementary systems of medicine recognized in India. It specifically stands for Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy. These diverse systems are promoted within the public health framework to strengthen local health traditions and provide a holistic approach to wellness, addressing various healthcare needs across the population through diverse practices.

282. (B) The promotion of preventive health, lifestyle, and a holistic approach.
AYUSH systems contribute to local health traditions by emphasizing a holistic approach to well-being that goes beyond just curative care. A key aspect of their role involves the promotion of preventive health measures through lifestyle adjustments and dietary recommendations. By focusing on overall wellness and promotive health, AYUSH provides comprehensive care that is deeply rooted in social and cultural contexts.

283. (B) to improve the provider-to-population ratio.
Integrating AYUSH practitioners into the mainstream public health system helps improve the provider-to-population ratio, especially in underserved areas. This integration expands the reach of healthcare services and offers citizens a broader range of choices for their treatment. Leveraging the existing infrastructure of traditional medicine systems helps address health needs more effectively and promotes overall mental and physical wellness.

284. (A) A systematic approach including standardization and quality control.
Successful integration of traditional medicine into public health requires a systematic and evidence-based approach. This includes the standardization of various practices and ensuring the quality control of medicines used in treatment.

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Additionally, scientific research is necessary to validate the efficacy and safety of these systems, ensuring they meet the standards required for collaboration with modern healthcare delivery frameworks.

285. (C) serving the primary healthcare needs of many communities, particularly in rural areas.
Historically, AYUSH systems have played a vital role in meeting the primary healthcare needs of various communities, particularly those in rural and remote locations. These traditions are deeply embedded in the social fabric and provide accessible care where modern medical facilities might be scarce. Formally recognizing them allows the public health system to leverage this existing local knowledge base.

286. (D) To understand, explain, and analyze the formulation, implementation, and impact of health policies.
The primary aim of health policy studies is to rigorously analyze the processes through which health-related decisions are made. This field seeks to understand how policies are formulated and implemented, as well as the specific impact they have on populations and health systems. It provides an academic and practical framework for explaining why certain policy directions are chosen over others.

287. (C) Clinical Medicine.
Health policy studies is an interdisciplinary field that utilizes concepts and methodologies from several social science disciplines. It draws significant insights from political science, economics, and sociology to examine policy processes and outcomes. While it relates to the health sector, it focuses on systemic decision-making and sociological factors rather than the practice of clinical medicine or individual patient treatment.

288. (B) Context, content, actors, and process.
The policy triangle is a specialized framework used to analyze the dynamics of health policy development. It identifies four critical, interacting elements: the context in which policies are made, the specific content of the policy, the various actors involved in the process, and the procedural steps of implementation. Understanding the interplay between these factors is essential for evaluating policy effectiveness.

289. (D) The reasons and processes behind the adoption of a national health insurance scheme.
A health policy study would typically focus on investigating the complex factors behind significant health system decisions. For instance, analyzing the reasons, political climate, and legislative processes involved in the adoption of a national health insurance scheme is a representative task. This type of inquiry explores the roles of different stakeholders and the context that shaped the final policy outcome.

290. (A) They provide lessons for future policy development and contribute to equitable health systems.
Conducting health policy studies is valuable because it generates important lessons for future policy development. By understanding the successes and failures of past decisions, these studies help in building more effective and equitable health systems. They contribute to the policy-making process by advocating for evidence-based approaches that better align with the health needs and goals of the entire population.

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291. (C) The attributes of the setting, such as facilities and staff qualifications.
In the context of quality assessment, structural standards relate to the essential attributes of the environment where healthcare is provided. This includes the adequacy and condition of facilities, the availability of necessary medical equipment, and the qualifications and credentials of the staff. These structural elements serve as the foundation upon which appropriate care processes are built to ensure patient safety.

292. (A) Process standards.
Process standards in quality assessment are concerned with the specific activities performed during the delivery of healthcare. This includes evaluating whether health professionals are correctly adhering to established clinical guidelines, protocols, and procedures. By monitoring these activities, the system ensures that the care provided is appropriate and consistent with recognized medical standards, thereby increasing the likelihood of positive outcomes.

293. (D) Outcome standards, because they evaluate the end results on health status.
Outcome standards are considered the most definitive measure of healthcare quality because they focus on the actual results achieved. These standards evaluate changes in the health status of patients and populations, such as improvements in morbidity, mortality rates, and overall quality of life. They reflect the combined effectiveness of the structural attributes and the care processes implemented within the health system.

294. (B) To drive a continuous cycle of quality improvement.
Quality assessment aims to establish a systematic process for measuring service performance against predetermined standards. The ultimate goal is to foster a continuous cycle of quality improvement throughout the healthcare system. This ensures that services remain safe, effective, timely, and patient-centered, while also being efficient and equitable, rather than simply identifying deficiencies or focusing on punitive measures for staff.

295. (C) Good structure and process are prerequisites that increase the likelihood of good outcomes.
The various types of quality standards are intrinsically linked within a comprehensive assessment framework. Good structural attributes, such as adequate facilities and qualified staff, create the necessary environment for good care processes. In turn, following appropriate procedures and protocols increases the probability of achieving desirable health outcomes. This relationship emphasizes that structure and process are vital prerequisites for high-quality care.

296. (D) Autonomy.
Autonomy is a fundamental principle in medical ethics that emphasizes the importance of the patient's right to self-determination. This principle requires healthcare professionals to respect the choices and decisions made by individuals regarding their own medical care. It involves ensuring that patients are fully informed and have the freedom to accept or refuse treatments based on their own personal values.

297. (A) fairness and equitable distribution of care and resources.
In the field of healthcare ethics, the principle of justice is primarily focused on the concepts of fairness and equity. It involves ensuring that medical care and health resources are distributed fairly across the population. This principle guides decision-makers in making ethical choices about resource allocation, ensuring that no group is unfairly disadvantaged in their access to essential health services.

298. (B) To generate evidence and provide training that supports ethical practice and decision-making.
National Institutes of Public Health Research and Training play a significant role in ethical healthcare by serving as hubs for evidence generation. They provide specialized training and conduct research that supports and reinforces ethical decision-making across the health system. By setting standards and building professional capacity, these institutions help ensure that ethical principles are effectively integrated into public health practice.

299. (B) By conducting research that informs fair policies for resource allocation.
Research conducted by National Institutes can support the ethical principle of justice by providing data for the development of fair resource allocation policies. By identifying health needs and system gaps through scientific inquiry, these institutions help policymakers create more equitable systems. This evidence-based approach ensures that resources are distributed in a way that promotes fairness and addresses population health priorities.

300. (A) build capacity and translate findings into policy and practice.
The research and training functions of National Institutes are designed to build the capacity of the public health workforce and translate scientific findings into policy. These activities help disseminate best practices and reinforce ethical standards throughout the health system. Ultimately, these efforts contribute to a more competent workforce and the development of evidence-based policies that improve health system performance.

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the system enables managers and policymakers to monitor performance, identify bottlenecks, and plan for future health needs effectively.

268. (A) The technology as well as human and cultural factors.
The effectiveness of a Health Management Information System depends on a combination of technological infrastructure and human elements. While software and hardware are necessary, the capacity of staff to use the data is equally critical. Additionally, establishing a culture of information use and ensuring the quality and completeness of entered data are vital factors for the system's overall success.

269. (C) It guarantees the elimination of all diseases.
An effective Health Management Information System provides numerous benefits, such as enhancing accountability and supporting evidence-based decision-making through better data analysis. It also facilitates the efficient allocation of resources and helps identify bottlenecks in service delivery. However, while it improves system efficiency and quality, it is a tool for management and cannot independently guarantee the total elimination of diseases.

270. (D) unified repository of information.
A Health Management Information System functions by integrating data from various healthcare levels, including community workers and tertiary hospitals. This integration results in a unified repository of information that provides a comprehensive view of the health system. By centralizing data on service delivery and resources, the system allows for more effective performance monitoring and strategic planning across all levels.

271. (C) The clinical aspects of healthcare and professional practice.
Medical Audits serve as a quality improvement mechanism specifically focused on the clinical aspects of patient care. This process involves a critical review of professional practice led by peers to ensure that care meets explicit clinical standards and criteria. The primary goal is to identify any clinical deficiencies and enhance the quality of health outcomes through a supportive, educational approach.

272. (B) A Social Audit involves community participation to assess service performance, while a Medical Audit is a peer-led review of clinical care.
Social Audits and Medical Audits differ in their focus and participants. While a Medical Audit is an internal, peer-led review of clinical care protocols, a Social Audit is an external, citizen-led process. It utilizes community participation to assess the performance of public services. Social Audits evaluate factors like accessibility and accountability from the perspective of service users and stakeholders.

273. (D) empower the community to hold service providers accountable.
The primary intent of a Social Audit is to empower community members to hold public officials and service providers accountable. By comparing official records and expenditures against the actual experiences of users on the ground, it ensures transparency in public service delivery. This citizen-led mechanism examines broad issues like staff availability and patient rights to improve service responsiveness and performance.

274. (A) It is a peer-led review against explicit clinical criteria.
A characteristic feature of a Medical Audit is that it is a systematic, peer-led review conducted against explicit clinical standards. This internal process focuses on the professional activities involved in patient care to identify areas for quality improvement. It is typically designed to be confidential and educational, providing a platform for healthcare professionals to refine their practices and improve outcomes.

275. (C) Social Audits extend beyond clinical quality to include issues like accessibility and affordability.
The scope of Social Audits is broader than that of Medical Audits because they examine the healthcare system from a social and administrative perspective. Beyond clinical quality, Social Audits address issues such as accessibility, affordability, and the availability of supplies and personnel. This external review ensures that the health system is meeting the rights and needs of the community users.

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significant health challenges related to an aging population.

Reason (R) : Decreased fertility rates and increased life expectancy in developed countries lead to a higher proportion of elderly individuals.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

9. A public health planner is designing a program for a typical developing country. Which issue would likely be the highest priority based on the common health profile of such nations?

(A) Increasing access to cosmetic surgery.
(B) Building luxury retirement homes for the elderly.
(C) Implementing a nationwide childhood vaccination program.
(D) Subsidizing advanced robotic surgery centers.

10. Which international agency is primarily responsible for setting global health norms and standards and directing international health responses?

(A) The World Health Organization (WHO)
(B) The United Nations Children's Fund (UNICEF)
(C) The World Bank
(D) The United Nations Development Programme (UNDP)

11. Consider the following statements regarding Universal Health Coverage (UHC).

1. UHC means that all health services are provided completely free of charge.
2. UHC aims to ensure everyone can access needed health services without financial hardship.
3. UHC focuses only on treatment and not on prevention or promotion of health.
4. Financial risk protection is a key component of UHC.

Which of the above statements are correct?

(A) 1 and 3
(B) 2 and 4
(C) 1, 2 and 4
(D) 2, 3 and 4

12. A traveler is planning a trip to a region where yellow fever is endemic. What is the most appropriate emporiatric advice they should receive?

(A) To strictly consume bottled water to minimize risks of environmental pathogens like yellow fever.
(B) To receive the yellow fever vaccine and obtain an official International Certificate of Vaccination.
(C) To initiate a full course of anti-malarial prophylaxis regardless of the actual regional risk.
(D) To avoid any contact with stray animals to prevent the secondary transmission of viral infections.

13. All of the following are health-related Millennium Development Goals (MDGs) EXCEPT:

(A) Reduce child mortality.
(B) Improve maternal health.
(C) Ensure access to affordable and clean energy.
(D) Combat HIV/AIDS, malaria, and other diseases.

14. Consider the following global health milestones.

1. The Alma-Ata Declaration on Primary Health Care
2. The adoption of the Sustainable Development Goals (SDGs)
3. The establishment of the World Health Organization (WHO)
4. The launch of the Millennium Development Goals (MDGs)

What is the correct chronological order of these events?

(A) 3, 1, 4, 2
(B) 1, 3, 4, 2
(C) 3, 4, 1, 2
(D) 1, 4, 3, 2

15. What does the term "Health for All" as envisioned in the Alma-Ata Declaration primarily imply?

(A) Achieving a level of health that allows all people to lead a socially and economically productive life.
(B) The total global eradication of all infectious and communicable diseases from every human population.

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Q. SDGs,
R. MDGs,
S. UHC
List II:
1. 2015-2030,
2. Health for All,
3. 2000-2015,
4. 1978
(A) P-4, Q-1, R-3, S-2
(B) P-2, Q-3, R-1, S-4
(C) P-4, Q-2, R-1, S-3
(D) P-1, Q-4, R-3, S-2

49. Which of the following is the most accurate description of the goal of Universal Health Coverage (UHC)?
(A) To provide comprehensive free healthcare to every individual globally through a single unified international financing entity.
(B) To ensure all people access quality health services without suffering financial hardship from out-of-pocket costs.
(C) To prioritize the construction of modern hospital facilities in every rural village and urban center across the globe.
(D) To eliminate infectious diseases worldwide while delegating the management of chronic conditions to the private sector.

50. Consider the following statements concerning international health agencies.
1. WHO is a funding bank that primarily offers loans for health infrastructure.
2. UNICEF's mandate is focused on the rights and well-being of children.
3. The Red Cross and Red Crescent Movement is a governmental body under the direct control of the UN.
4. UNDP views health as a crucial component of overall human development.
5. UNFPA's primary role is to regulate international food trade.
Which of the above statements are correct?
(A) 1 and 3
(B) 2 and 4
(C) 1, 3, and 5
(D) 2, 4, and 5

51. The "demographic transition" in developed countries, characterized by low birth and death rates, leads to which specific health system challenge?
(A) A rapid increase in pediatric diseases.
(B) An oversupply of healthcare workers.
(C) A growing proportion of the population being elderly, with complex chronic health needs.
(D) A lack of need for preventive health services.

52. The concept of "inter-sectoral coordination" in Primary Health Care refers to:
(A) Collaboration between different specialists within a hospital.
(B) International cooperation between the health ministries of different countries.
(C) The integration of public and private healthcare providers.
(D) The need for the health sector to work with other sectors like education, agriculture, and sanitation.

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53. Which of the following statements correctly represents a key principle of the Sustainable Development Goals (SDGs)?
(A) The goals are intended only for developing countries.
(B) The framework follows a siloed approach, with each goal being independent of the others.
(C) The principle of "Leave No One Behind" is central to the SDG agenda.
(D) The SDGs focus exclusively on economic growth.

54. A traveler requires a yellow fever vaccine before visiting certain countries in Africa and South America. This is an example of a regulation enforced under the framework of:
(A) The Millennium Development Goals (MDGs)
(B) The International Health Regulations (IHR)
(C) The charter of the United Nations Population Fund (UNFPA)
(D) The principles of Universal Health Coverage (UHC)

55. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The scope of SDGs is much broader than that of the MDGs.
Reason (R) : SDGs encompass 17 goals

vaccines.
(D) Supporting child immunization programs and improving child nutrition.

24. Consider the following statements regarding health problems in the South East Asia Region.
1. The region has successfully eradicated malaria and dengue.
2. Non-communicable diseases (NCDs) are an emerging major public health problem.
3. Maternal and neonatal mortality rates remain a concern in several countries.
4. The region has the highest per capita health expenditure in the world.
5. Air and water pollution pose significant health risks.

Which of the above statements are correct?
(A) 1, 2, and 3
(B) 2, 3, and 5
(C) 1, 4, and 5
(D) 2, 3, and 4

25. The principle of 'financial risk protection' in the context of Universal Health Coverage (UHC) aims to:
(A) Ensure that private health insurance companies remain profitable.
(B) Provide government funds to bail out failing hospitals.
(C) Protect individuals and households from catastrophic health expenditures.
(D) Offer life insurance policies to all citizens.

26. Which of the following is a primary characteristic of a health problem in a developed country like Japan or Germany?
(A) A large proportion of the health budget being spent on managing chronic diseases in an aging population.
(B) High rates of death from infectious diarrhea in children under five.
(C) Frequent outbreaks of cholera due to contaminated water supplies.
(D) A national health system primarily focused on combating malnutrition.

27. Match List I with List II and select the correct answer using the codes given below.
List I:
P. MDG 4,
Q. MDG 5,
R. MDG 6,
S. MDG 1
List II:
1. Combat HIV/AIDS,
2. Reduce child mortality,
3. Eradicate poverty,
4. Improve maternal health
(A) P-1, Q-2, R-3, S-4
(B) P-2, Q-4, R-1, S-3
(C) P-2, Q-1, R-4, S-3
(D) P-4, Q-3, R-2, S-1

28. The International Health Regulations (IHR) are a legally binding instrument of international law. Which organization is responsible for their administration?
(A) The United Nations Security Council
(B) The World Health Organization (WHO)
(C) The World Trade Organization
(D) Médecins Sans Frontières

29. From the following list, identify the agency that is a non-governmental organization (NGO) deeply involved in providing international medical aid in conflict zones and emergencies.
(A) UNDP
(B) USAID
(C) Médecins Sans Frontières (Doctors Without Borders)
(D) UNFPA

30. The "Health for All" approach was formally launched through which declaration?
(A) The Declaration of Helsinki
(B) The Universal Declaration of Human Rights
(C) The Rio Declaration on Environment and Development
(D) The Alma-Ata Declaration

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31. Consider the following statements.
1. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases.
2. By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education.
3. Achieve universal and equitable access to safe and affordable drinking water for all by 2030.
4. End hunger, achieve food security and improved nutrition and promote sustainable

(C) The universal provision of advanced clinical and surgical care to every citizen regardless of cost.
(D) The mandatory daily participation of all individuals in structured and monitored physical exercise.

16. Read the given statements and select the correct option.
Statement I : The Sustainable Development Goals (SDGs) are more comprehensive and interconnected than the Millennium Development Goals (MDGs).
Statement II : Unlike the MDGs, the SDGs apply to all countries, rich and poor, emphasizing a universal agenda.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

17. Which of the following correctly identifies a major health concern prevalent in the South East Asia Region?
(A) A very low incidence of tuberculosis.
(B) High rates of vector-borne diseases like dengue.
(C) Complete absence of maternal and child health issues.
(D) A population largely unaffected by non-communicable diseases.

18. Consider the following statements about international health agencies. Which one is incorrect?
(A) UNICEF's work focuses exclusively on providing emergency relief during natural disasters.
(B) WHO is a specialized agency of the United Nations concerned with international public health.
(C) The World Bank provides loans and grants to poorer countries for capital projects, including health infrastructure.
(D) UNFPA is the UN's lead agency for delivering a world where every pregnancy is wanted and every childbirth is safe.

19. Which of the following best describes a key difference between the health profiles of developed and developing countries?
(A) Developing countries experience a disproportionately higher burden of chronic, lifestyle-related conditions.
(B) Developed nations struggle primarily with widespread infectious disease outbreaks and severe malnutrition.
(C) Communicable diseases, perinatal conditions, and nutritional deficiencies cause more deaths in developing nations.
(D) Mental health and psychological disorders are issues identified exclusively within developed nations.

20. Which of the following is NOT a core principle of Primary Health Care as defined by the Alma-Ata Declaration?
(A) Equitable distribution.
(B) Community participation.
(C) Inter-sectoral coordination.
(D) Focus on specialized, high-technology curative care.

21. Which Sustainable Development Goal (SDG) is specifically dedicated to "Good Health and Well-being"?
(A) SDG 1
(B) SDG 5
(C) SDG 3
(D) SDG 10

22. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The transition from MDGs to SDGs marked a shift towards a more integrated approach to development.
Reason (R) : The SDGs recognize that health outcomes are closely linked to other sectors like education, poverty, and climate change.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

23. A key function of UNICEF in international health is:
(A) Providing loans for building large-scale hospitals.
(B) Regulating the global pharmaceutical trade.
(C) Conducting clinical trials for new adult

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(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

40. What was a major criticism of the Millennium Development Goals (MDGs) that the Sustainable Development Goals (SDGs) aimed to address?
(A) The MDGs were seen as being too 'top-down' and did not sufficiently address inequality within countries.
(B) The MDGs were too focused on environmental sustainability.
(C) The MDGs were legally binding, which limited their adoption.
(D) The MDGs only focused on developed countries.

41. Which of the following statements about the World Bank's role in global health is correct?
(A) It is the primary organization for setting clinical health guidelines.
(B) Its mandate is strictly limited to providing emergency medical teams.
(C) It functions as a major financing source for health projects and health sector reform in developing countries.
(D) It operates independently of any country's government and provides all its services for free.

42. Consider the following statements about health issues in developed countries.
1. Communicable diseases are the leading cause of death.
2. The health system is primarily challenged by an aging population.
3. Mental health disorders represent a significant and growing burden.
4. Lifestyle-related non-communicable diseases like heart disease and diabetes are prevalent.

Which of the above statements are correct?
(A) 1 and 2
(B) 3 and 4
(C) 2, 3, and 4
(D) 1, 2, and 3

43. Which international agreement provides a framework for countries to work together to prevent and respond to acute public health risks that can cross borders?
(A) The Alma-Ata Declaration
(B) The Kyoto Protocol
(C) The Millennium Development Goals
(D) The International Health Regulations (IHR)

44. A person traveling from a non-endemic country to an area with high malaria risk is advised to take prophylactic medication. This advice is a core component of:
(A) Universal Health Coverage
(B) Emporiatrics
(C) The Sustainable Development Goals
(D) The primary function of UNICEF

45. The year 1978 is significant in the history of international health primarily because of the:
(A) Eradication of smallpox.
(B) Launch of the Millennium Development Goals.
(C) Adoption of the Alma-Ata Declaration on Primary Health Care.
(D) Establishment of the World Health Organization.

46. Read the given statements and select the correct option.
Statement I : The Food and Agriculture Organization (FAO) is directly responsible for deploying doctors to rural clinics.
Statement II : The FAO's contribution to global health is primarily through its work on food security, nutrition, and food safety standards.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false but Statement II is true.
(D) Statement I is true but Statement II is false.

47. Identify the health problem that is NOT typically a priority in the WHO South East Asia Region.
(A) Diseases associated with arctic climates, like frostbite.
(B) Tuberculosis.
(C) Maternal and child health.
(D) Neglected tropical diseases.

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48. Match List I with List II and select the correct answer using the codes given below.
List I:
P. Alma-Ata,

(C) Impartiality
(D) Neutrality

64. A major public health challenge in the South East Asia Region is the high prevalence of using smokeless tobacco, which contributes significantly to:
(A) The spread of water-borne diseases.
(B) The incidence of oral cancers.
(C) The rate of childhood malnutrition.
(D) The transmission of malaria.

65. A "bilateral" health agency like USAID differs from a "multilateral" agency like WHO in that it:
(A) Operates on a for-profit basis.
(B) Involves assistance and cooperation between two governments.
(C) Is run by a non-governmental organization.
(D) Focuses exclusively on a single disease.

66. What is the definition of a developed country's health problem?
(A) A health condition, often chronic or lifestyle-related, that is prevalent in high-income, industrialized nations.
(B) A health issue primarily caused by poverty and poor sanitation.
(C) A health issue characterized by high infant and maternal mortality.
(D) A disease that has been newly discovered and has no known cure.

67. Which of the following is an incorrect pairing of a UN agency and its primary health-related function?
(A) WHO - Setting international health standards and norms.
(B) UNICEF - Advocating for and protecting child health and rights.
(C) UNFPA - Managing global food supplies and agricultural policy.
(D) UNDP - Linking health outcomes to sustainable human development.

68. Read the given statements and select the correct option.
Statement I : The slogan for the Alma-Ata conference was "Health for All by the year 2000".
Statement II : The conference identified Primary Health Care as the key to achieving this goal.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

69. The shift of global health goals from MDGs to SDGs represents a move towards:
(A) A less ambitious and more focused agenda.
(B) An agenda that is applicable only to the least developed countries.
(C) A more universal, integrated, and sustainable framework for development.
(D) A framework that completely ignores the role of economic growth.

70. Match List I with List II and select the correct answer using the codes given below.
List I:
P. Emporiatrics,
Q. MDG 6,
R. Double burden,
S. UHC
List II:
1. Coexistence of diseases,
2. Access without hardship,
3. Travel medicine,
4. Combat HIV/AIDS
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-1, S-2
(C) P-3, Q-1, R-4, S-2
(D) P-4, Q-3, R-2, S-1

71. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : Universal Health Coverage (UHC) is the same as socialized medicine where the government is the sole provider and funder of healthcare.
Reason (R) : UHC can be achieved through various models, including mixed systems of public and private providers and financing mechanisms, as long as universal access and financial protection are ensured.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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addressing social, economic, and environmental dimensions of sustainable development, whereas MDGs were 8 goals focused mainly on social development in developing countries.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

56. All of the following are typically considered health problems of developing countries EXCEPT:
(A) High incidence of deaths due to diseases of affluence like metabolic syndrome.
(B) High maternal mortality.
(C) Protein-energy malnutrition.
(D) Poor environmental sanitation leading to diarrheal diseases.

57. Which international agency's logo features the Rod of Asclepius, a snake entwined around a staff?
(A) UNICEF
(B) The World Bank
(C) World Health Organization (WHO)
(D) UNFPA

58. Read the given statements and select the correct option.
Statement I : The South East Asia Region has some of the highest rates of tuberculosis in the world.
Statement II : The South East Asia Region has completely eliminated non-communicable diseases as a public health issue.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

59. The primary objective of the international agency FAO (Food and Agriculture Organization) is to:
(A) Provide emergency medical services in disaster zones.
(B) Fund and regulate primary education worldwide.
(C) Promote global trade and resolve economic disputes.
(D) Lead international efforts to defeat hunger and improve nutrition.

60. Consider the following key elements of the evolution of global health policy.
1. Focus on Universal Health Coverage (UHC) as a primary goal.
2. Declaration of "Health for All" through Primary Health Care (PHC).
3. Shift from MDGs to the broader agenda of SDGs.

What is the correct chronological sequence of these elements?
(A) 1, 2, 3
(B) 2, 3, 1
(C) 2, 1, 3
(D) 3, 2, 1

61. Consider the following statements about Emporiatrics (Travel Medicine).
1. It is exclusively concerned with treating diseases after a traveler returns.
2. It involves risk assessment based on the traveler's health and destination.
3. Vaccination is a key component of pre-travel preparation.
4. It advises on measures to prevent illness, such as food and water safety.

Which of the above statements are correct?
(A) 1 and 2
(B) 2, 3 and 4
(C) 1, 3 and 4
(D) All of the above

62. The concept of Universal Health Coverage (UHC) is most closely aligned with which specific target of SDG 3?
(A) Target 3.1: Reduce the global maternal mortality ratio.
(B) Target 3.4: Reduce by one third premature mortality from NCDs.
(C) Target 3.9: Substantially reduce the number of deaths from hazardous chemicals and pollution.
(D) Target 3.8: Achieve universal health coverage, including financial risk protection.

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63. Which one of the following is NOT a fundamental principle of the International Red Cross and Red Crescent Movement?
(A) Profitability
(B) Humanity

80. A key lesson from the MDG era that influenced the design of the SDGs was the importance of:
(A) Focusing exclusively on economic indicators.
(B) Addressing inequalities within and among countries.
(C) Limiting the number of goals to three or fewer.
(D) Making goals legally binding with financial penalties.

81. Which of the following is the most accurate statement regarding the relationship between Primary Health Care (PHC) and Universal Health Coverage (UHC)?
(A) UHC has replaced PHC, making it an obsolete concept.
(B) PHC is considered the strategic approach to achieve the goal of UHC.
(C) PHC focuses on hospitals, while UHC focuses on clinics.
(D) UHC and PHC are opposing and incompatible health strategies.

82. Consider the following events in the history of international health.
1. Adoption of the Sustainable Development Goals (SDGs)
2. International Conference on Primary Health Care at Alma-Ata
3. UN Millennium Summit adopting the Millennium Development Goals (MDGs)

What is the correct chronological order of these events?
(A) 2, 3, 1
(B) 1, 2, 3
(C) 3, 2, 1
(D) 2, 1, 3

83. Which of the following international bodies is a partnership between government, civil society, the private sector and affected communities, functioning as a financing instrument rather than an implementing agency?
(A) World Health Organization (WHO)
(B) United Nations Children's Fund (UNICEF)
(C) The Global Fund to Fight AIDS, Tuberculosis and Malaria
(D) International Committee of the Red Cross

84. Consider the health profile of a typical developing country. Which of the following issues would be a major public health priority?
(A) Widespread demand for anti-aging cosmetic treatments.
(B) An overburdened healthcare system due to diseases of old age like dementia.
(C) High rates of addiction to prescription opioids.
(D) High prevalence of deaths from vaccine-preventable diseases in children.

85. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The "double burden of disease" is a significant challenge for health systems in the South East Asia Region.
Reason (R) : Health systems in the region must simultaneously manage a high incidence of infectious diseases and a rising epidemic of non-communicable diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

86. Which of the following about the health-related MDGs (4, 5, and 6) is incorrect?
(A) MDG 4 aimed to reduce child mortality.
(B) MDG 5 included a target to achieve universal access to higher education for women.
(C) MDG 5 aimed to improve maternal health.
(D) MDG 6 aimed to combat HIV/AIDS, malaria, and other diseases.

87. Which of the following is a primary role of the Food and Agriculture Organization (FAO) that contributes to international health?
(A) Directly administering vaccines to children in rural areas.
(B) Funding the construction of new hospitals and clinics.
(C) Conducting peacekeeping missions in conflict zones.
(D) Setting standards for food safety and quality through the Codex Alimentarius Commission, jointly with WHO.

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72. One of the key targets of SDG 3 is to reduce premature mortality from non-communicable diseases. Which of the following is a primary strategy for achieving this?
(A) Promoting healthy lifestyles, including tobacco control and healthy diets.
(B) Universal vaccination against NCDs.
(C) Focusing solely on treating end-stage diseases.
(D) Limiting access to healthcare to reduce costs.

73. The work of the United Nations Development Programme (UNDP) in health is best characterized by its focus on:
(A) The direct provision of clinical services.
(B) The development and distribution of new vaccines.
(C) The social and economic determinants of health, such as poverty and governance.
(D) The regulation of international pharmaceutical patents.

74. Consider the following health-related situations. Which one is NOT a primary concern of Emporiatrics?
(A) Managing a hospital's long-term care ward for elderly patients with dementia.
(B) Advising on vaccinations for a trip to Central Africa.
(C) Prescribing anti-malarial drugs for a tourist visiting the Amazon.
(D) Providing guidance on food and water safety for a traveler to India.

75. Consider the following statements related to the transition from PHC to UHC.
1. UHC is a modern reinterpretation of the "Health for All" vision.
2. PHC principles like equity and community participation are foundational to achieving UHC.
3. UHC abandons the comprehensive approach of PHC for a selective, disease-focused model.
4. Both PHC and UHC emphasize the importance of the health system responding to people's needs.
5. UHC is only concerned with financial aspects, unlike PHC which focused on services.

Which of the above statements are correct?
(A) 1, 2, and 4
(B) 3 and 5
(C) 1, 3, and 5
(D) 2, 4, and 5

76. "Health problems of developed countries" would most likely include which of the following?
(A) High prevalence of kwashiorkor.
(B) A significant burden of disease from Alzheimer's and other dementias.
(C) Frequent cholera outbreaks.
(D) High infant mortality due to lack of skilled birth attendants.

77. The South East Asia Region of WHO is particularly vulnerable to natural disasters, which poses a major challenge to:
(A) The prevalence of genetic disorders.
(B) The global stock market.
(C) Maintaining continuous and resilient health services.
(D) The conduct of professional sports.

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78. The "3 by 5" initiative, a major global health program from 2003-2005, was launched by WHO and UNAIDS with the aim of:
(A) Reducing annual child mortality rates by a factor of three within a five-year period.
(B) Constructing three high-capacity specialized hospitals across five developing nations.
(C) Completely eradicating three specific communicable diseases within a five-year timeframe.
(D) Providing antiretroviral treatment to 3 million people with HIV/AIDS in developing countries by 2005.

79. Read the given statements and select the correct option.
Statement I : The MDGs had a specific, standalone goal for achieving gender equality and empowering women.
Statement II : The SDGs integrated gender equality across multiple goals but also have a standalone goal (SDG 5) dedicated to it.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

agriculture by 2030.
Which of the above accurately describes a target under SDG 3 (Good Health and Well-being)?
(A) 1 only
(B) 1 and 4
(C) 2 and 3
(D) All of the above

32. Read the given statements and select the correct option.
Statement I : Emporiatrics exclusively focuses on clinical treatment after travelers return from abroad.
Statement II : Emporiatrics encompasses pre-travel consultation, vaccinations, and prophylactic measures to prevent illness during travel.
(A) Statement I: Emporiatrics exclusively focuses on clinical treatment after travelers return from abroad.
(B) Statement II: Emporiatrics encompasses pre-travel consultation, vaccinations, and prophylaxis.
(C) Statement I is false but Statement II is true.
(D) Statement I is true but Statement II is false.

33. Which factor is a major contributor to the high burden of non-communicable diseases (NCDs) in developed countries?
(A) Poor sanitation and lack of safe drinking water.
(B) Sedentary lifestyles, unhealthy diets, and tobacco use.
(C) High prevalence of vector-borne diseases.
(D) Widespread protein-energy malnutrition.

34. Which of the following is NOT one of the three dimensions of Universal Health Coverage (UHC)?
(A) Geographical coverage (which countries are covered).
(B) Population coverage (who is covered).
(C) Service coverage (which services are covered).
(D) Financial coverage (proportion of costs covered).

35. The primary mandate of the United Nations Population Fund (UNFPA) relates to:
(A) Food aid and agricultural development.
(B) Global financial stability.
(C) Population dynamics, reproductive health, and gender equality.
(D) Peacekeeping operations and conflict resolution.

36. Consider the following international health-related entities.
1. UNICEF
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria
3. World Health Organization
4. International Committee of the Red Cross
What is the correct chronological order of their founding years?
(A) 4, 1, 3, 2
(B) 1, 4, 3, 2
(C) 4, 3, 1, 2
(D) 3, 1, 4, 2

37. Consider the following health indicators. Which one is more characteristic of a developing country compared to a developed one?
(A) High life expectancy at birth.
(B) Low infant mortality rate.
(C) High under-five mortality rate.
(D) High prevalence of obesity.

38. The transition from Primary Health Care (PHC) to Universal Health Coverage (UHC) can be best described as:
(A) An abandonment of PHC principles in favor of a market-based approach.
(B) A re-commitment to the values of PHC with a stronger focus on financial protection and service access.
(C) A shift from community health to exclusively hospital-based, high-tech care.
(D) A change in focus from health to economic development exclusively.

39. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : Many countries in the WHO South-East Asia Region face a 'double burden' of malnutrition.
Reason (R) : This double burden refers to the simultaneous existence of undernutrition and stunting in some population groups, and overweight and obesity in others.
(A) Both A and R are true and R is the correct explanation of A.

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88. Consider the following statements about Universal Health Coverage (UHC).
1. UHC is a destination, not a journey, and can be achieved overnight.
2. It requires a strong, efficient, well-run health system.
3. A system of financing health services is a key component.
4. It ensures access to essential medicines and technologies.

Which of the above statements are correct?
(A) 1 and 4
(B) 2 and 3
(C) 2, 3, and 4
(D) 1, 2, and 3

89. A physician advising a tourist on preventing traveler's diarrhea is practicing:
(A) Geriatrics
(B) Pediatrics
(C) Emporiatrics
(D) Bariatrics

90. The "Leave No One Behind" pledge is the central, transformative promise of:
(A) The 2030 Agenda for Sustainable Development (SDGs)
(B) The Alma-Ata Declaration
(C) The World Bank's charter
(D) The International Health Regulations

91. Match List I with List II and select the correct answer using the codes given below.
List I:
P. GAVI,
Q. UNAIDS,
R. MSF,
S. UNDP
List II:
1. Joint program for AIDS,
2. Focus on health in development,
3. NGO for medical aid,
4. Immunization partnership
(A) P-4, Q-1, R-3, S-2
(B) P-1, Q-4, R-2, S-3
(C) P-4, Q-3, R-1, S-2
(D) P-2, Q-1, R-3, S-4

92. The 'demographic dividend' in developing countries can be hampered by poor health outcomes. Which international agency focuses on the link between population dynamics, reproductive health, and development?
(A) FAO
(B) UNFPA
(C) WHO
(D) World Bank

93. Read the given statements and select the correct option.
Statement I : Lifestyle diseases such as Type 2 diabetes and hypertension are more characteristic of the health profile of developing countries than developed countries.
Statement II : Developed countries face a "double burden" of high infectious disease rates and high chronic disease rates.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

94. The International Certificate of Vaccination or Prophylaxis (ICVP), also known as the "yellow card," is a document created and managed under the purview of:
(A) The World Tourism Organization
(B) UNICEF's child health program
(C) The International Civil Aviation Organization
(D) The World Health Organization's International Health Regulations

95. In the context of Primary Health Care, "community participation" means:
(A) Individuals and communities are actively involved in planning and implementing their own health care.
(B) Communities must pay for all health services out of pocket.
(C) Health professionals must come from outside the community.
(D) All health decisions are made by the national government without local input.

96. Which of the following best describes the principle of 'universality' in the Sustainable Development Goals (SDGs)?
(A) The goals must be achieved universally by all countries by 2020.
(B) The goals apply to every country, rich or poor, and require collective action.

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(D) The 2030 Agenda for Sustainable Development is a plan of action for people, planet, and prosperity.

132. The World Health Organization's headquarters is located in which city?
(A) New York, USA
(B) Paris, France
(C) Rome, Italy
(D) Geneva, Switzerland

133. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : Developed countries generally have a higher life expectancy than developing countries.
Reason (R) : Developed countries typically have better nutrition, sanitation, healthcare access, and a lower burden of infectious diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

134. Which of the following is a primary objective of the UNFPA (United Nations Population Fund)?
(A) To ensure food security for all.
(B) To promote reproductive and sexual health and rights.
(C) To lead the global response to climate change.
(D) To regulate international financial markets.

135. Consider the following statements about health financing and Universal Health Coverage (UHC).
1. UHC means that governments must pay for 100% of all health costs.
2. Out-of-pocket payments are a major barrier to accessing healthcare and can cause financial hardship.
3. Financial risk protection is a central tenet of UHC.
4. UHC can be achieved through different financing mechanisms, including social health insurance and tax-funded systems.

Which of the above statements are correct?
(A) 1 and 2
(B) 1, 2, and 3
(C) 2, 3, and 4
(D) All of the above

136. A defining feature of health problems in developing countries is the high burden of:
(A) Communicable, maternal, neonatal, and nutritional conditions.
(B) Diseases related to sedentary office lifestyles.
(C) Age-related macular degeneration.
(D) Elective cosmetic surgery complications.

137. Which of the following is a key health challenge for the WHO South-East Asia Region?
(A) A complete lack of trained healthcare professionals.
(B) An aging population similar in proportion to that of Western Europe.
(C) The need to strengthen health systems to progress towards Universal Health Coverage.
(D) The eradication of all non-communicable diseases.

138. The International Health Regulations (IHR 2005) are designed to:
(A) Prevent, protect against, control, and provide a public health response to the international spread of disease.
(B) Set the price of essential medicines globally.
(C) Dictate the curriculum for medical schools worldwide.
(D) Fund the construction of hospitals in low-income countries.

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139. Which of the following about the Alma-Ata Declaration is incorrect?
(A) It was adopted in 1978 in Alma-Ata, Kazakhstan (then USSR).
(B) It declared health to be a fundamental human right.
(C) It identified Primary Health Care as the key to attaining "Health for All".
(D) It advocated for a vertical, disease-centered approach to healthcare.

140. The transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) broadened the global agenda from a focus on poverty reduction to a focus on:
(A) Military security

S. SDG 6

List II:

1. Health,
2. Water/Sanitation,
3. No Poverty,
4. Gender Equality

(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-3, Q-4, R-1, S-2
(D) P-4, Q-3, R-2, S-1

106. A key health issue in developed countries is the rise of antimicrobial resistance (AMR), which is exacerbated by:
(A) The overuse and misuse of antibiotics in humans and agriculture.
(B) High rates of childhood vaccination.
(C) Improved sanitation and hygiene.
(D) A lack of access to essential medicines.

107. Read the given statements and select the correct option.
Statement I : The WHO South-East Asia Region is home to roughly a quarter of the world's population.
Statement II : The region bears a disproportionately high burden of global diseases like tuberculosis.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

108. The term 'Emporiatrics' is derived from Greek words meaning:
(A) 'Child' and 'healing'
(B) 'Traveler' and 'medical treatment'
(C) 'Old age' and 'care'
(D) 'Mind' and 'therapy'

109. The framework of Universal Health Coverage (UHC) is often visualized as a cube with three axes. Which of the following is NOT one of those axes?
(A) The population covered.
(B) The range of services covered.
(C) The number of hospitals built.
(D) The proportion of costs covered.

110. Consider the following organizations and historical entities.

1. The United Nations
2. The International Committee of the Red Cross
3. The Global Alliance for Vaccines and Immunisation (GAVI)
4. The League of Nations

What is the correct chronological order of their establishment?
(A) 2, 4, 1, 3
(B) 4, 2, 1, 3
(C) 2, 1, 4, 3
(D) 1, 2, 3, 4

111. Consider the following statements regarding the Millennium Development Goals (MDGs).

1. They were established in the year 2000 with a target date of 2015.
2. They consisted of 17 distinct goals.
3. They were primarily focused on the challenges faced by developing countries.
4. Goal 8 was unique as it focused on a global partnership for development.

Which of the above statements are correct?
(A) 1, 2, and 3
(B) 1, 3, and 4
(C) 2 and 4
(D) All of the above

112. Which of the following is a non-governmental organization (NGO) known for its principles of neutrality and impartiality in providing medical aid in conflict zones?
(A) USAID (United States Agency for International Development)
(B) Médecins Sans Frontières (MSF)
(C) DFID (Department for International Development, UK)
(D) JICA (Japan International Cooperation Agency)

113. A significant health problem in many developing countries is lack of access to safe water and sanitation, which directly contributes to a high burden of:
(A) Cardiovascular diseases
(B) Diarrheal diseases
(C) Type 2 Diabetes
(D) Neurodegenerative disorders

114. The Primary Health Care approach articulated at Alma-Ata in 1978 emphasized the need for:

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civil society, the private sector, and the general public, whereas the MDGs were drafted by a small group of experts at the UN.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

150. Consider the following statements regarding the Alma-Ata Declaration.
1. It was declared in the year 1988.
2. It identified Primary Health Care as the key to attaining "Health for All".
3. It promoted a centralized, top-down approach to health service delivery.
4. It emphasized the importance of community participation and inter-sectoral coordination.
5. It was a joint declaration by WHO and UNICEF.

Which of the above statements are correct?
(A) 1, 3, and 5
(B) 2, 4, and 5
(C) 1, 2, and 4
(D) 2, 3, and 4

151. Which of the following is a key component of 'emporiatrics'?
(A) Conducting large-scale epidemiological studies.
(B) Performing gene therapy.
(C) Managing the national health insurance system.
(D) Providing pre-travel health advice and vaccinations.

152. The shift from Primary Health Care (PHC) in 1978 to the push for Universal Health Coverage (UHC) in recent years signifies:
(A) A renewed global commitment to the "Health for All" vision, with a stronger emphasis on access, quality, and financial protection.
(B) A total and formal rejection of all foundational principles and strategies previously associated with Primary Health Care.
(C) A transition away from community-based initiatives toward an exclusive reliance on high-technology medical interventions.
(D) A narrowing of global public health focus intended solely for the benefit of high-income and highly developed nations.

153. A "double burden of malnutrition," often seen in developing countries, refers to:
(A) The concurrent challenge of experiencing both food surpluses and food shortages within a single nation.
(B) The economic difficulty for developing nations to fund both preventive and curative nutritional programs.
(C) The coexistence of undernutrition, such as stunting, alongside overnutrition, such as obesity, in populations.
(D) The impact of extreme climate change events on both crop production and food distribution networks.

154. What was the target year for achieving the Millennium Development Goals?
(A) 2015
(B) 2000
(C) 2020
(D) 2030

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155. Read the given statements and select the correct option.
Statement I : The World Health Organization (WHO) is a global financing body that provides loans for development projects.
Statement II : The World Bank is the UN's specialized agency for health, setting norms and standards.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

156. The leading causes of death in high-income, developed countries are predominantly:
(A) Infectious diseases like malaria, tuberculosis, and HIV/AIDS.
(B) Non-communicable diseases like heart disease, stroke, cancer, and dementia.
(C) Complications from childbirth and pregnancy.
(D) Malnutrition and vitamin deficiencies.

123. A high-income, developed nation is most likely to face which of the following as a primary health system challenge?
(A) Controlling outbreaks of polio.
(B) Eradicating guinea worm disease.
(C) Reducing maternal mortality from hemorrhage during childbirth.
(D) Managing the high cost of long-term care for an aging population.

124. Consider the following statements about health in the South East Asia region.
1. The region has the lowest global burden of tuberculosis.
2. Vector-borne diseases like dengue and chikungunya are major public health threats.
3. The rise of non-communicable diseases is straining health systems.
4. Access to healthcare is uniformly excellent across all countries and populations in the region.
5. Mental health is an emerging area of concern.

Which of the above statements are correct?
(A) 1, 2, and 3
(B) 2, 3, and 5
(C) 1, 4, and 5
(D) 2, 4, and 5

125. The core idea of "Health for All" is best captured as:
(A) The provision of free medicines for every person on Earth.
(B) The absence of disease in all populations.
(C) The attainment of a level of health that allows for a socially and economically productive life.
(D) The construction of a hospital in every town.

126. A key innovation of the Sustainable Development Goals (SDGs) compared to the MDGs is the:
(A) Exclusive focus on health.
(B) Shorter timeframe for implementation.
(C) Application of the goals only to countries in the African continent.
(D) Strong emphasis on the interconnectedness of goals and the inclusion of environmental sustainability.

127. Which of the following actions falls under the purview of Emporiatrics?
(A) Advising a business traveler on food safety precautions for a trip to Southeast Asia.
(B) Developing a new vaccine in a laboratory.
(C) Managing a national polio eradication campaign.
(D) Performing cardiac surgery.

128. Read the given statements and select the correct option.
Statement I : UNICEF's primary mandate is to provide financial loans to countries for education systems.
Statement II : UNICEF is a United Nations agency responsible for providing humanitarian and developmental aid to children worldwide.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false but Statement II is true.
(D) Statement I is true but Statement II is false.

129. Which of the following is NOT a characteristic of the "double burden of disease" in developing nations and the South East Asia region?
(A) A persistent high incidence of infectious diseases.
(B) A health system that is well-equipped and financed to handle both burdens simultaneously.
(C) A rapidly increasing incidence of non-communicable diseases.
(D) The coexistence of undernutrition and obesity within the same communities.

130. The "Health for All" approach emphasizes that primary health care should be:
(A) Universally accessible and based on community participation.
(B) Available only in urban centers.
(C) Extremely expensive and exclusive.
(D) Focused solely on the treatment of rare genetic diseases.

131. Consider the following statements. Which one is an incorrect representation of the SDGs?
(A) The SDGs consist of 17 goals and 169 targets.
(B) SDG 3 is dedicated to Good Health and Well-being.
(C) The SDGs are designed to be "siloed," with each goal pursued in isolation.

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(A) Health care that is practical, scientifically sound, and socially acceptable.
(B) Expensive, high-technology medical equipment in all clinics.
(C) A focus on only the wealthiest segments of the population.
(D) A system run exclusively by foreign medical experts.

115. SDG 3, "Good Health and Well-being," aims to ensure healthy lives and promote well-being for all at all ages. This represents a shift from the MDGs' focus which was primarily on:
(A) The health of elderly populations in developed countries.
(B) The financial aspects of healthcare systems.
(C) A select few diseases and population groups (e.g., mothers and children).
(D) The link between health and climate change.

116. Read the given statements and select the correct option.
Statement I : A country's health profile transitions from communicable to non-communicable diseases as it develops economically.
Statement II : This shift is known as the demographic transition.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

117. An international traveler presents to a clinic for pre-travel advice. The clinician's assessment of destination-specific risks and required vaccinations falls under the discipline of:
(A) Universal Health Coverage
(B) Primary Health Care
(C) Emporiatrics
(D) Sustainable Development Goals

118. The WHO South-East Asia Region's efforts to combat non-communicable diseases (NCDs) would most likely focus on:
(A) Mass vaccination campaigns.
(B) Policies to reduce salt, sugar, and tobacco consumption.
(C) Distribution of mosquito nets.
(D) Improving sanitation to prevent cholera.

119. Which international body is a joint co-sponsor of UNAIDS and plays a pivotal role in addressing the socio-economic drivers of the HIV epidemic?
(A) International Labour Organization (ILO)
(B) Food and Agriculture Organization (FAO)
(C) World Meteorological Organization (WMO)
(D) United Nations Development Programme (UNDP)

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120. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The Alma-Ata Declaration on Primary Health Care was a radical call for health equity.
Reason (R) : It defined health as a fundamental human right and emphasized equitable distribution, community participation, and inter-sectoral coordination.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

121. The "Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)" is aligned with and supports the achievement of:
(A) The Alma-Ata Declaration
(B) The original charter of the World Bank
(C) The Sustainable Development Goals (SDGs)
(D) The International Health Regulations of 1969

122. Match List I with List II and select the correct answer using the codes given below.
List I:
P. Specialized Agency,
Q. Programme/Fund,
R. Bilateral Agency,
S. International NGO
List II:
1. USAID,
2. MSF,
3. WHO,
4. UNICEF
(A) P-3, Q-4, R-1, S-2
(B) P-4, Q-3, R-2, S-1
(C) P-3, Q-1, R-4, S-2
(D) P-1, Q-2, R-3, S-4

(B) Sustainable development in its three dimensions – economic, social, and environmental.
(C) Space exploration
(D) International sports competitions.

141. Match List I with List II and select the correct answer using the codes given below.
List I:
P. SDG,
Q. PHC,
R. UNICEF,
S. IHR
List II:
1. International Health Regulations,
2. UN Children's Fund,
3. Sustainable Dev Goal,
4. Primary Health Care
(A) P-1, Q-2, R-3, S-4
(B) P-3, Q-4, R-2, S-1
(C) P-3, Q-2, R-4, S-1
(D) P-4, Q-3, R-1, S-2

142. A public health nurse is providing pre-travel counseling. Which topic is central to the practice of emporiatrics?
(A) Long-term management of diabetes.
(B) Post-operative wound care.
(C) Childhood developmental milestones.
(D) Required and recommended immunizations for the travel destination.

143. Read the given statements and select the correct option.
Statement I : The World Bank is a specialized health agency of the United Nations.
Statement II : The World Bank is an international financial institution that provides loans and grants, including for health sector development.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false but Statement II is true.
(D) Statement I is true but Statement II is false.

144. In developed countries, a significant proportion of the healthcare budget is spent on:
(A) Basic sanitation projects.
(B) Managing chronic non-communicable diseases and conditions related to aging.
(C) Combating widespread malnutrition.
(D) Mass vaccination campaigns for diseases like measles and polio.

145. One of the major successes of the health-related MDGs was a significant global reduction in:
(A) The incidence of obesity.
(B) Child mortality.
(C) The price of all pharmaceuticals.
(D) The number of healthcare workers migrating.

146. Which of the following is the best description of a "bilateral health agency"?
(A) A health development agency of a single government that provides aid to another country's government.
(B) A health agency that works in two countries only.
(C) A non-governmental organization focused on health.
(D) A global fund that receives money from two sources only.

147. A "vertical program" in public health refers to:
(A) A program that addresses all health needs of a community.
(B) A program designed by the community itself.
(C) A disease-specific program with its own dedicated staff and funding.
(D) A health program that is financially unsustainable.

148. Which of these is NOT a primary health concern in the South East Asia Region?
(A) High rates of tuberculosis
(B) The double burden of communicable and non-communicable diseases
(C) The health impacts of climate change and natural disasters
(D) A uniquely low prevalence of diabetes compared to the rest of the world

149. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The Sustainable Development Goals (SDGs) are considered more inclusive than the Millennium Development Goals (MDGs).
Reason (R) : The process of developing the SDGs involved extensive consultations with

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(C) The goals can be universally understood without any specific training.
(D) The goals are primarily focused on achieving universal primary education.

97. An example of a health problem more prevalent in developing countries than in developed countries is:
(A) Carpal tunnel syndrome from office work.
(B) Deaths in children under 5 from pneumonia and diarrhea.
(C) Allergies and asthma.
(D) Macular degeneration in the elderly.

98. A major health concern in the South East Asia region, linked to both environmental factors and rapid urbanization, is the spread of:
(A) Dengue fever
(B) Frostbite
(C) Scurvy
(D) Altitude sickness

99. Which of the following is NOT an international agency involved in health?
(A) World Health Organization (WHO)
(B) United Nations Children's Fund (UNICEF)
(C) International Monetary Fund (IMF)
(D) United Nations Population Fund (UNFPA)

100. Consider the following statements about global health frameworks.
1. The Alma-Ata Declaration promoted a selective, technology-driven approach to health.
2. The MDGs were a set of 8 goals with a deadline of 2015.
3. The SDGs consist of 17 goals and are intended to be integrated and indivisible.
4. Universal Health Coverage is the central theme of MDG 3.
5. Primary Health Care is a foundational concept for achieving Health for All.

Which of the above statements are correct?
(A) 1, 2, and 3
(B) 2, 4, and 5
(C) 1, 4, and 5
(D) 2, 3, and 5

101. The transition from MDGs to SDGs can be characterized by a shift from a 'development for the poor' agenda to a 'sustainable development for all' agenda. This implies the SDGs are more:
(A) Limited
(B) Exclusive
(C) Universal
(D) Temporary

102. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : Providing advice on malaria prophylaxis is a key activity in emporiatric medicine.
Reason (R) : Malaria is a significant health risk for travelers visiting many tropical and subtropical regions of the world.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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103. The World Bank's involvement in health is primarily through:
(A) Providing direct medical care to patients.
(B) Manufacturing and distributing pharmaceuticals.
(C) Setting legally binding international health treaties.
(D) Providing loans, grants, and technical assistance for health systems strengthening.

104. Which of the following best illustrates the concept of "intersectoral action for health" as promoted by the Primary Health Care approach?
(A) The ministry of health working with the ministry of education to promote health education in schools.
(B) A cardiac surgeon and a cardiologist collaborating on a patient's care.
(C) A WHO country office collaborating with the WHO regional office.
(D) A general practitioner referring a patient to a specialist.

105. Match List I with List II and select the correct answer using the codes given below.
List I:
P. SDG 1,
Q. SDG 3,
R. SDG 5,

157. The WHO's South-East Asia Region comprises how many member states?
(A) 5
(B) 21
(C) 11
(D) 47

158. Which of the following organizations is an example of a multilateral health agency?
(A) USAID
(B) DFID
(C) JICA
(D) WHO

159. The 'right to health' was first articulated as a fundamental human right in which document?
(A) The WHO Constitution (1946)
(B) The Alma-Ata Declaration (1978)
(C) The Millennium Declaration (2000)
(D) The SDG Agenda (2015)

160. Consider the following statements about Primary Health Care (PHC).
1. It is meant to be the first level of contact for individuals with the health system.
2. It should be affordable for the community.
3. It relies heavily on community participation.
4. It requires coordination with other sectors like agriculture and education.

Which of the above statements are correct?
(A) 1 and 2 only
(B) 1, 2 and 3 only
(C) 2, 3 and 4 only
(D) 1, 2, 3 and 4

161. The 2030 Agenda for Sustainable Development is distinctive for its pledge to:
(A) Focus only on the poorest billion people.
(B) Leave no one behind.
(C) Achieve all goals by 2025.
(D) Prioritize economic growth over environmental concerns.

162. Match List I with List II and select the correct answer using the codes given below.
List I:
P. UHC,
Q. MDGs,
R. Emporiatrics,
S. Double Burden
List II:
1. Health advice for travelers,
2. Co-existence of diseases,
3. Access without hardship,
4. 8 goals for 2015
(A) P-1, Q-2, R-4, S-3
(B) P-3, Q-4, R-1, S-2
(C) P-3, Q-1, R-2, S-4
(D) P-4, Q-3, R-1, S-2

163. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The health problems of developed and developing countries are increasingly converging.
Reason (R) : Globalization, urbanization, and lifestyle changes are leading to a rise in non-communicable diseases in developing countries, even while they still battle infectious diseases.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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164. Which of the following is NOT one of the 17 Sustainable Development Goals?
(A) SDG 3: Good Health and Well-being
(B) SDG 13: Climate Action
(C) SDG 5: Gender Equality
(D) SDG 18: Colonization of Mars

165. A major success story in international health, officially certified by WHO in 1980, is the global eradication of:
(A) Polio
(B) Malaria
(C) Smallpox
(D) Tuberculosis

166. A public health issue of growing concern in the South East Asia region is antimicrobial resistance (AMR). This is largely driven by:
(A) The rational and controlled use of antibiotics.
(B) The unregulated availability and overuse of antibiotics in humans and animal husbandry.
(C) High rates of vaccination.
(D) Improved hospital hygiene.

167. Which of the following is a correct statement about the International Committee of the Red Cross (ICRC)?
(A) It is a specialized agency of the United Nations.
(B) It primarily provides long-term development loans for health infrastructure.
(C) It is a for-profit pharmaceutical company.
(D) Its mandate is to protect victims of international and internal armed conflicts.

168. Read the given statements and select the correct option.
Statement I : The concept of Universal Health Coverage means that all health services must be free at the point of use.
Statement II : UHC's core principle is ensuring access to needed services without incurring financial hardship, which can be achieved through various financing models.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false but Statement II is true.
(D) Statement I is true but Statement II is false.

169. What was the slogan of the 1978 Alma-Ata conference?
(A) Universal Health Coverage for All
(B) Leave No One Behind
(C) Health for All by the Year 2000
(D) Survive, Thrive, Transform

170. Which of the following is NOT one of the eight Millennium Development Goals?
(A) To ensure sustainable energy for all.
(B) To eradicate extreme poverty and hunger.
(C) To achieve universal primary education.
(D) To promote gender equality and empower women.

171. Which statement accurately defines the role of the UNDP in global health?
(A) It is the lead agency for vaccine development and distribution.
(B) It is a medical humanitarian organization that provides emergency care in conflict zones.
(C) It provides financial loans for countries to build hospitals.
(D) It focuses on the broader development context of health, addressing issues like poverty, governance, and environment as determinants of health.

172. A major difference between the MDGs and SDGs is that the SDGs:
(A) Have fewer goals and are less complex.
(B) Include goals on peace, justice, and strong institutions (e.g., SDG 16).
(C) Apply only to African countries.
(D) Had a target year of 2010.

173. The practice of emporiatrics would be most concerned with which of the following scenarios?
(A) A 75-year-old patient with chronic heart failure.
(B) A newborn baby requiring routine immunizations.
(C) A 30-year-old executive planning a two-week trip to several countries in Sub-Saharan Africa.
(D) A teenager with a sports-related knee injury.

174. Consider the following statements about international organizations.
1. The WHO is a specialized agency of the UN for health.
2. The World Bank is an international financial institution.
3. UNICEF is the UN agency focused on children's rights and well-being.
4. The ICRC is a non-governmental organization with a unique status under international law.
5. UNFPA is the UN agency for reproductive health and population issues.

Which of the above statements are correct?
(A) 1 and 2 only
(B) 1, 2, and 3 only
(C) 3, 4, and 5 only
(D) 1, 2, 3, 4, and 5

175. The epidemiological profile of a typical developed country is characterized by:
(A) A high burden of non-communicable, lifestyle-related diseases and an aging population.
(B) High infant mortality and high fertility.
(C) A low burden of chronic diseases and a high burden of infectious diseases.
(D) Frequent famines and widespread

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malnutrition.

176. Which of the following is a critical public health issue in the WHO South-East Asia Region that is also a global priority?
(A) Eradication of smallpox
(B) Elimination of measles and rubella
(C) Control of space debris
(D) Management of diseases caused by ozone depletion

177. The "Health for All" global strategy was based on which core principle?
(A) Selective Primary Health Care
(B) Comprehensive Primary Health Care
(C) Hospital-centric Health Care
(D) Market-driven Health Care

178. One of the main criticisms of the MDGs, which the SDGs tried to address, was their "siloed" nature. This means that the MDGs:
(A) Tended to be pursued as separate, vertical goals without recognizing their interdependencies.
(B) Were too interconnected and complex.
(C) Were developed in secret.
(D) Applied only to a single country.

179. The United Nations Children's Fund (UNICEF) plays a significant role in international health, particularly in the areas of:
(A) Geriatric care and palliative medicine.
(B) Immunization, nutrition, water, and sanitation for children.
(C) Regulation of the global stock market.
(D) Development of advanced surgical robotics.

180. Read the given statements and select the correct option.
Statement I : The primary health challenges in developing countries are predominantly chronic diseases like Alzheimer's and Parkinson's.
Statement II : The primary health challenges in developing countries often relate to infectious diseases, malnutrition, and inadequate maternal and child health services.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false but Statement II is true.
(D) Statement I is true but Statement II is false.

181. What is the primary purpose of the International Health Regulations (IHR)?
(A) To set the price of medicines worldwide.
(B) To dictate the number of doctors a country must have.
(C) To prevent and respond to the international spread of disease with minimal interference to trade and travel.
(D) To provide universal health insurance for all international travelers.

182. The Alma-Ata Declaration states that health is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal. In which year was this declared?
(A) 1948
(B) 1978
(C) 2000
(D) 2015

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183. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The SDG framework places a strong emphasis on partnership and collaboration (SDG 17).
Reason (R) : It is recognized that the ambitious and interconnected goals cannot be achieved by governments alone and require the active involvement of civil society, the private sector, and international cooperation.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

184. The headquarters of UNICEF is located in:
(A) New York
(B) Geneva
(C) Rome
(D) Paris

185. Consider the following statements about the health profile of developed countries. Which one is incorrect?
(A) Life expectancy is generally high.
(B) The population structure shows a large proportion of elderly people.
(C) Communicable diseases like malaria and

with a broader scope and universal applicability.
Statement II : The SDGs introduced new areas of focus such as climate change, inequality, and sustainable consumption.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

206. In the context of international health, what does 'multilateral' agency mean?
(A) An agency funded by one country but working in many.
(B) An agency funded by multiple governments and whose work is not restricted to a single country.
(C) A non-governmental organization working on health.
(D) A private, for-profit health corporation.

207. A significant challenge for the South East Asia region is road safety, which contributes a large number of deaths and disabilities. This issue is addressed in which SDG target?
(A) Target 3.6
(B) Target 5.1
(C) Target 9.2
(D) Target 11.5

208. The three dimensions of Universal Health Coverage are often described as:
(A) Doctors, nurses, and hospitals.
(B) Who to cover, what to cover, and how much to cover.
(C) Prevention, treatment, and cure.
(D) Primary, secondary, and tertiary care.

209. The "Health for All" approach promotes:
(A) A focus solely on elite, specialized medical care.
(B) A holistic view of health that includes promotive, preventive, curative, and rehabilitative services.
(C) A health system where people have to pay for everything themselves.
(D) The idea that health is the responsibility of the individual alone.

210. Match List I with List II and select the correct answer using the codes given below.
List I:
P. WHO,
Q. UNICEF,
R. UNFPA,
S. FAO
List II:
1. Rome,
2. New York,
3. Geneva,
4. New York
(A) P-3, Q-2, R-4, S-1
(B) P-2, Q-3, R-1, S-4
(C) P-3, Q-4, R-2, S-1
(D) P-1, Q-2, R-4, S-3

211. Which MDG directly addressed the issue of HIV/AIDS, malaria, and other major diseases?
(A) MDG 4
(B) MDG 5
(C) MDG 6
(D) MDG 7

212. Which of the following is NOT a core component of the Primary Health Care approach?
(A) Appropriate technology
(B) Inter-sectoral coordination
(C) Community participation
(D) Exclusive focus on urban populations

213. Consider the following statements about the health challenges in the South East Asia Region.
1. The region has achieved all the targets of Universal Health Coverage.
2. Non-communicable diseases (NCDs) are a leading cause of death and disability.
3. Many countries face a double burden of communicable and non-communicable diseases.
4. Strengthening primary health care is a key strategy to address health challenges.
Which of the above statements are correct?
(A) 1 and 2
(B) 2 and 4
(C) 1, 2, and 3
(D) 2, 3, and 4

214. The concept of "catastrophic health expenditure," which UHC aims to prevent, refers to:
(A) Any payment made for health services.
(B) Out-of-pocket health spending that exceeds a certain threshold of a household's income or expenditure.

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(D) P-4, Q-3, R-2, S-1

195. The Primary Health Care approach of 1978 was a call to move away from a model of health care that was:
(A) Community-based and preventive.
(B) Accessible and affordable.
(C) Disease-oriented, hospital-centric, and inequitable.
(D) Integrated and participatory.

196. The Sustainable Development Goals are intended to be:
(A) Legally binding treaties with punitive measures.
(B) A replacement for national laws and constitutions.
(C) A framework applicable only to the least developed nations.
(D) A set of aspirational goals that are integrated and indivisible.

197. Which of these is NOT a function of the World Health Organization (WHO)?
(A) Setting norms and standards for health.
(B) Monitoring the international health situation.
(C) Providing large-scale, long-term development loans.
(D) Providing technical support to countries.

198. An aging population, high prevalence of chronic diseases like diabetes and heart disease, and high healthcare expenditure are characteristics of the health profile of:
(A) Developing countries
(B) Developed countries
(C) The South East Asia region exclusively
(D) Countries with no public health system

199. One of the main health challenges in the South East Asia region is the high burden of out-of-pocket expenditure on health, which is a major obstacle to achieving:
(A) Herd immunity
(B) The eradication of smallpox
(C) Higher physician salaries
(D) Universal Health Coverage

200. Consider the following statements.
1. The MDGs were comprised of 8 goals.
2. The SDGs are comprised of 17 goals.
3. The MDGs had a target date of 2015.
4. The SDGs have a target date of 2030.
5. The SDGs are applicable to all countries.

Which of the above statements are correct?
(A) 1 and 3 only
(B) 2 and 4 only
(C) 1, 2, 3, and 4 only
(D) 1, 2, 3, 4, and 5

201. Which agency would be most likely to publish a report titled "The State of the World's Children"?
(A) WHO
(B) World Bank
(C) UNICEF
(D) UNFPA

202. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The Declaration of Alma-Ata was a pivotal moment in global health.
Reason (R) : It championed the philosophy of "Health for All" and identified Primary Health Care as the essential strategy to achieve it.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

203. The term "emporiatric" relates to the health of:
(A) Infants
(B) Elderly
(C) Athletes
(D) Travelers

204. A key difference between developed and developing countries' health profiles is the:
(A) Complete absence of infectious disease in developed countries.
(B) Relative burden of communicable versus non-communicable diseases.
(C) Lack of hospitals in developing countries.
(D) Absence of mental health issues in developing countries.

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205. Read the given statements and select the correct option.
Statement I : The Sustainable Development Goals (SDGs) are a continuation of the MDGs

242. The "3 by 5" initiative was a landmark WHO/UNAIDS program focused on expanding access to treatment for which disease?
(A) HIV/AIDS
(B) Tuberculosis
(C) Malaria
(D) Smallpox

243. The core components of Primary Health Care as outlined in the Alma-Ata Declaration include all of the following EXCEPT:
(A) Education concerning prevailing health problems.
(B) Promotion of food supply and proper nutrition.
(C) Mandatory use of advanced robotic surgery.
(D) Provision of essential drugs.

244. The Sustainable Development Goal agenda is set to be achieved by which year?
(A) 2025
(B) 2040
(C) 2050
(D) 2030

245. Which of the following is an example of a bilateral aid agency involved in health?
(A) The World Health Organization (WHO)
(B) The International Committee of the Red Cross (ICRC)
(C) The United States Agency for International Development (USAID)
(D) The World Bank

246. Consider the following statements about health challenges.
1. Developed countries face a high burden of NCDs.
2. Developing countries face a high burden of communicable diseases.
3. The South East Asia region faces a "double burden" of disease.
4. Emporiatrics deals with the health of travelers.

Which of the above statements are correct?
(A) 1 and 2 only
(B) 1, 2 and 3 only
(C) 2, 3 and 4 only
(D) 1, 2, 3 and 4

247. The most significant philosophical shift from the MDGs to the SDGs is the principle of:
(A) Selectivity
(B) Exclusivity
(C) Charity
(D) Universality

248. The concept of UHC is strongly rooted in the "Health for All" movement and is seen as the practical expression of the right to health. It is most directly linked to which SDG?
(A) SDG 3 (Good Health and Well-being)
(B) SDG 1 (No Poverty)
(C) SDG 5 (Gender Equality)
(D) SDG 13 (Climate Action)

249. Which of the following health problems is characteristic of a developing country rather than a developed one?
(A) High prevalence of lifestyle-induced obesity.
(B) An overburdened health system due to an aging population.
(C) A large number of deaths in children from diarrhea and dehydration.
(D) A high incidence of Alzheimer's disease.

250. Match List I with List II and select the correct answer using the codes given below.
List I:
P. WHO,
Q. UNICEF,
R. World Bank,
S. FAO
List II:
1. Child survival,
2. Food security,
3. Global leadership,
4. Health financing
(A) P-1, Q-3, R-2, S-4
(B) P-3, Q-1, R-4, S-2
(C) P-3, Q-2, R-1, S-4
(D) P-4, Q-1, R-3, S-2

251. Please read the following source carefully.
The global health landscape is characterized by a significant disparity in the health problems faced by developed and developing countries. Developed nations have largely undergone an epidemiological transition, where the primary burden of disease has shifted from communicable, infectious diseases to non-communicable diseases

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(C) The total national budget for health.
(D) The cost of building a new hospital.

215. The role of the World Bank in international health is best described as that of a:
(A) Norm-setting body for clinical practice.
(B) Humanitarian medical aid provider in emergencies.
(C) UN agency for child health.
(D) Major financier and source of technical expertise for health system development.

216. Read the given statements and select the correct option.
Statement I : Developed countries are characterized by high fertility rates and high infant mortality rates.
Statement II : Developing countries are characterized by low fertility rates and an aging population.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

217. A core principle of the Sustainable Development Goals is their integrated nature. This means:
(A) Each goal must be achieved before the next one can be started.
(B) Progress on one goal can support progress on others, and they are interconnected.
(C) The goals are only for integrated health systems.
(D) All 17 goals are actually just one large goal.

218. The practice of a physician providing immunizations and health advice to a UN peacekeeper before deployment is an example of:
(A) Emporiatrics
(B) Public health policy
(C) Hospital administration
(D) Clinical research

219. Which of the following is NOT an agency of the United Nations?
(A) World Health Organization (WHO)
(B) United Nations Children's Fund (UNICEF)
(C) United Nations Population Fund (UNFPA)
(D) The International Committee of the Red Cross (ICRC)

220. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The slogan 'Leave No One Behind' is central to the 2030 Agenda for Sustainable Development.
Reason (R) : The SDGs are designed to benefit all people, and their success requires a focus on reaching the most vulnerable and marginalized populations first.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

221. Which statement accurately describes a health characteristic of the South East Asia Region?
(A) It is the only WHO region to have completely eradicated tuberculosis.
(B) Consists of only high-income, developed nations.
(C) It has a significant burden of both communicable and non-communicable diseases.
(D) It has the lowest population density of all WHO regions.

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222. The "demographic and epidemiologic transitions" that have occurred in developed countries describe a shift towards:
(A) Younger populations and more infectious diseases.
(B) Stable population age and a mix of diseases.
(C) Rapid population growth and a resurgence of old plagues.
(D) Older populations and more chronic, non-communicable diseases.

223. Consider the following statements about global health goals.
1. The Alma-Ata Declaration took place in 1978.
2. The MDGs were launched in 2000 for a 15-year period.
3. The SDGs were launched in 2015 for a 15-year period.
4. "Health for All" was the guiding principle of the Alma-Ata Declaration.
5. UHC is a central target within SDG 3.

Which of the above statements are correct?

cholera are the main causes of death.
(D) The leading causes of morbidity and mortality are non-communicable diseases.

186. Which of the following is NOT a member state of the WHO South-East Asia Region?
(A) Pakistan
(B) India
(C) Thailand
(D) Sri Lanka

187. The concept of Universal Health Coverage (UHC) is built upon the foundational principles of:
(A) The World Trade Organization
(B) The Kyoto Protocol
(C) The Bretton Woods Agreement
(D) The Alma-Ata Declaration on Primary Health Care

188. Which of the following correctly pairs a Millennium Development Goal (MDG) with its focus?
(A) MDG 2 - Improve maternal health
(B) MDG 4 - Reduce child mortality
(C) MDG 5 - Achieve universal primary education
(D) MDG 6 - Eradicate extreme poverty

189. A key role of the WHO is to provide leadership on global health matters. This includes:
(A) Directly funding all health services in its member states.
(B) Shaping the health research agenda and setting norms and standards.
(C) Operating as a military alliance.
(D) Managing global food distribution.

190. Consider the following statements regarding the differences between MDGs and SDGs.
1. MDGs were 8 goals; SDGs are 17 goals.
2. MDGs focused on developing countries; SDGs are universal.
3. SDGs include goals on economic and environmental sustainability, which were less prominent in the MDGs.
4. MDGs were developed through a top-down process, while SDGs involved broad consultation.

Which of the above statements are correct?
(A) 1 and 2 only
(B) 1, 2 and 3 only
(C) 2, 3 and 4 only
(D) 1, 2, 3 and 4

191. A health professional is advising a family about to live in a developing country for two years. The advice covers vaccinations, food safety, and local health risks. This specialization is known as:
(A) Emporiatrics
(B) Gerontology
(C) Cardiology
(D) Epidemiology

192. Which of the following agencies is most directly involved with promoting food security as a determinant of health?
(A) UNFPA
(B) FAO
(C) UNICEF
(D) UNDP

193. Read the given statements and select the correct option.
Statement I : The "double burden of disease" means that a person is suffering from two diseases at once.
Statement II : In public health, the "double burden of disease" refers to a country or region having to deal with both a high prevalence of infectious diseases and a rising burden of non-communicable diseases.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false but Statement II is true.
(D) Statement I is true but Statement II is false.

194. Match List I with List II and select the correct answer using the codes given below.
List I:
P. WHO Constitution,
Q. Alma-Ata,
R. MDGs,
S. SDGs
List II:
1. 2015,
2. 1948,
3. 2000,
4. 1978
(A) P-2, Q-4, R-3, S-1
(B) P-1, Q-2, R-3, S-4
(C) P-2, Q-3, R-1, S-4

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health insurance.

233. The main objective of the MDGs was to:
(A) Promote space exploration.
(B) Focus exclusively on environmental protection.
(C) Reduce the most extreme forms of human poverty by 2015.
(D) Establish a single world government.

234. The International Health Regulations (IHR) are a critical tool for ensuring:
(A) Global health security.
(B) Universal primary education.
(C) The profitability of pharmaceutical companies.
(D) The standardization of medical school curricula.

235. Universal Health Coverage (UHC) aims to achieve which of the following?
(A) The government provides all health services directly and for free.
(B) Every citizen is covered by a private health insurance plan.
(C) All hospitals are owned and operated by the United Nations.
(D) Everyone has access to the health services they need, when and where they need them, without financial hardship.

236. The United Nations agency with a specific mandate for population issues and reproductive health is:
(A) WHO
(B) UNFPA
(C) UNDP
(D) UNICEF

237. The health profile of developed nations is LEAST likely to be characterized by:
(A) A high prevalence of non-communicable diseases.
(B) An aging population structure.
(C) A high incidence of maternal and child mortality due to infectious diseases.
(D) High levels of public and private health expenditure.

238. Read the given statements and select the correct option.
Statement I : The Alma-Ata declaration promoted a selective, vertical approach to health care, focusing on a few cost-effective interventions.
Statement II : The Alma-Ata declaration promoted a comprehensive, horizontal approach, viewing health holistically and emphasizing community participation and equity.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is false but Statement II is true.
(D) Statement I is true but Statement II is false.

239. The transition from the MDGs to the SDGs represents a shift towards:
(A) A more integrated and universal agenda.
(B) A more limited set of goals.
(C) A focus only on developed countries.
(D) An agenda that ignores social issues.

240. Consider the following statements about health in the South East Asia Region. Which is incorrect?
(A) The region faces a “double burden” of communicable and non-communicable diseases.
(B) The region has successfully eliminated all forms of malnutrition.
(C) Tuberculosis remains a major public health problem in the region.
(D) Out-of-pocket spending on health is often high, creating financial barriers to care.

241. Read the assertion and reason carefully and choose the correct option.
Assertion (A) : The World Bank plays a significant role in global health.
Reason (R) : The World Bank provides financing and technical assistance to low- and middle-income countries to strengthen their health systems.
(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

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of access to quality healthcare, nutrition, and education. Concurrently, the region is undergoing a rapid epidemiological transition, witnessing a surge in non-communicable diseases (NCDs) like cardiovascular disease, diabetes, and cancer. This shift is largely attributed to rapid urbanization, changing dietary patterns, and increased tobacco consumption. The health systems in the region are thus compelled to address this dual burden, often with constrained financial and human resources. Furthermore, the region's vulnerability to climate change and natural disasters adds another layer of complexity, frequently disrupting health services and exacerbating public health crises.

Direction : Based on the above source, attempt the following five questions.

Which of the following best describes the primary health challenge faced by the South-East Asia Region according to the passage?

(A) The exclusive prevalence of non-communicable diseases due to aging.
(B) A dual burden of significant communicable diseases alongside rising NCDs.
(C) A successful eradication of all communicable diseases and a focus on NCDs.
(D) Health issues arising solely from natural disasters and climate change.

257. The passage cites the certification of the region as polio-free as an example of:

(A) a persistent and unresolved health challenge.
(B) a direct consequence of climate change.
(C) a problem exacerbated by poor sanitation.
(D) a notable public health achievement.

258. According to the text, which factor is NOT mentioned as a contributor to the rise of NCDs in the South-East Asia Region?

(A) Genetic predispositions of the population
(B) Rapid urbanization
(C) Increased tobacco consumption
(D) Changing dietary patterns

259. The passage implies that persistent issues in water, sanitation, and hygiene (WASH) in the region primarily contribute to:

(A) the increase in non-communicable diseases.
(B) the disruption of health services during natural disasters.
(C) the continued prevalence of communicable and vector-borne diseases.
(D) the decline in maternal mortality rates.

260. What additional factor does the passage identify as complicating the health situation in the South-East Asia Region?

(A) The region's vulnerability to climate change and natural disasters.
(B) A lack of international health agency support.
(C) A complete shift away from traditional medicine.
(D) Extremely low population density in all member states.

261. Please read the following source carefully.

The architecture of global health governance is supported by a diverse array of international agencies, each with a specific mandate and role. The World Health Organization (WHO) stands as the primary directing and coordinating authority on international health work within the United Nations system. Its core functions include setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends. Complementing the WHO is the United Nations Children's Fund (UNICEF), which advocates for the protection of children's rights, helps meet their basic needs, and expands their opportunities. While UNICEF's mandate is broad, its health-related activities are extensive, focusing on immunization, child nutrition, and maternal health. A key player in financing is the World Bank, which provides financial and technical assistance to developing countries for health system strengthening, infrastructure projects, and specific disease control programs. These multilateral organizations are joined by numerous bilateral agencies, such as the United States Agency for International Development (USAID), which implement the foreign policy of a single country through health and development aid. The effectiveness of global health initiatives often depends on the synergistic collaboration between these agencies, leveraging their respective strengths in technical guidance, field operations, and financial mobilization to address complex health challenges.

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(NCDs) and chronic conditions associated with lifestyle and aging populations. Cardiovascular diseases, cancers, diabetes, and chronic respiratory illnesses are the leading causes of morbidity and mortality, driven by factors such as sedentary lifestyles, unhealthy diets, and tobacco use. In contrast, developing countries grapple with a "dual burden" of disease. They continue to face a high prevalence of infectious diseases like malaria, tuberculosis, and HIV/AIDS, compounded by issues of malnutrition and poor maternal and child health outcomes, which constitute an "unfinished agenda." Simultaneously, they are experiencing a rapid increase in NCDs due to urbanization, globalization of unhealthy lifestyles, and increasing life expectancy. This dual challenge places immense strain on their often under-resourced and fragile health systems, which must combat infectious disease outbreaks while also building capacity to manage long-term chronic conditions. The health infrastructure in these nations is frequently ill-equipped to handle this complex epidemiological profile, creating a critical need for integrated health strategies.

Direction : Based on the above source, attempt the following five questions.

What is the primary characteristic of the disease profile in developed countries as described in the passage?

(A) A high prevalence of infectious and communicable diseases.
(B) A predominance of non-communicable diseases and chronic conditions.
(C) A balanced distribution between infectious diseases and chronic illnesses.
(D) A primary focus on malnutrition and poor sanitation-related illnesses.

252. The term "dual burden" of disease, as it applies to developing countries, refers to the challenge of dealing with:

(A) both persistent infectious diseases and a rising incidence of NCDs.
(B) only infectious diseases and epidemics.
(C) only non-communicable diseases and lifestyle-related conditions.
(D) the financial and infrastructural costs of healthcare exclusively.

253. According to the passage, which of the following is NOT listed as a driving factor for the high incidence of NCDs in developed nations?

(A) Sedentary lifestyles
(B) Unhealthy diets
(C) Poor maternal health outcomes
(D) Tobacco use

254. The passage suggests that the health systems in developing countries are strained primarily because they:

(A) have successfully eradicated all infectious diseases.
(B) focus exclusively on managing chronic conditions.
(C) are primarily designed to handle health issues related to aging populations.
(D) must address both infectious and non-communicable diseases with limited resources.

255. The "unfinished agenda" for developing countries, as mentioned in the text, most accurately refers to:

(A) the challenge of managing newly emerging non-communicable diseases.
(B) the process of urbanizing and globalizing their economies.
(C) the ongoing battle against infectious diseases, malnutrition, and poor maternal/child health.
(D) the task of building health infrastructure for an aging population.

256. Please read the following source carefully.

The World Health Organization's South-East Asia Region presents a unique and complex tapestry of health challenges, reflecting its vast population, diverse geography, and significant socio-economic disparities. This region bears a disproportionate burden of global communicable diseases, with tuberculosis (TB), malaria, and dengue remaining significant public health threats. While notable progress has been made, such as the certification of the region as polio-free, persistent challenges in water, sanitation, and hygiene (WASH) continue to fuel outbreaks of diarrheal diseases and other vector-borne illnesses. Maternal and child mortality rates, although declining, remain a serious concern in several member states, often linked to issues

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(A) 1, 2 and 3
(B) 2, 3, 4 and 5
(C) 1, 2, 3 and 4
(D) 1, 2, 3, 4 and 5

224. Which of these international agencies is a public-private partnership focused on increasing access to immunization in poor countries?
(A) WHO
(B) GAVI, the Vaccine Alliance
(C) UNICEF
(D) The Global Fund

225. "Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible..." This definition comes from:
(A) The Sustainable Development Goals
(B) The Declaration of Alma-Ata
(C) The Constitution of the World Health Organization
(D) The Charter of the United Nations

226. Which of the following is a major health issue for developing countries but is less common in developed countries?
(A) High maternal mortality ratio.
(B) Deaths due to high cholesterol.
(C) The need for long-term dementia care.
(D) High incidence of lung cancer from smoking.

227. Which of the following is NOT one of the principles of Primary Health Care?
(A) Equitable distribution of health services
(B) Community involvement in health planning
(C) Focus on expensive, high-tech, specialist care
(D) A multisectoral approach to health

228. The shift from the MDGs to the SDGs involved a change in philosophy from a 'needs-based' approach for developing countries to a:
(A) 'Charity-based' approach for emergency aid.
(B) 'Market-based' approach driven by corporations.
(C) 'Security-based' approach focused on military health.
(D) 'Rights-based', universal approach for all countries.

229. Read the given statements and select the correct option.
Statement I : Emporiatrics is the field of medicine dedicated to the health problems of the elderly.
Statement II : Geriatrics is the field of medicine dedicated to the health of travelers.
(A) Both Statement I and Statement II are true.
(B) Both Statement I and Statement II are false.
(C) Statement I is true but Statement II is false.
(D) Statement I is false but Statement II is true.

230. Match List I with List II and select the correct answer using the codes given below.
List I:
P. Health for All,
Q. 17 Goals,
R. Child health,
S. Health financing
List II:
1. SDGs,
2. UNICEF,
3. World Bank,
4. Alma-Ata
(A) P-4, Q-1, R-2, S-3
(B) P-1, Q-4, R-3, S-2
(C) P-4, Q-2, R-1, S-3
(D) P-2, Q-1, R-3, S-4

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231. The primary cause of the "double burden of disease" in many South East Asian countries is:
(A) The lack of any trained health professionals.
(B) A cultural preference for traditional medicine over modern medicine.
(C) The extremely cold climate of the region.
(D) The rapid pace of epidemiological and demographic transition.

232. Which of the following is a key difference between a developed and a developing country's health system?
(A) Developed countries often grapple with the costs of advanced technology and an aging population, while developing countries struggle with basic infrastructure and infectious diseases.
(B) Developed countries have no health problems.
(C) Developing countries spend more per capita on health than developed countries.
(D) Only developed countries have private

Direction : Based on the above source, attempt the following five questions.

According to the passage, what is the primary role of the World Health Organization (WHO) in the global health system?

(A) To exclusively finance health infrastructure projects in developing countries.
(B) To focus solely on protecting the rights and meeting the needs of children.
(C) To implement the foreign policy objectives of a specific member state.
(D) To act as the directing and coordinating authority on international health.

262. The passage distinguishes UNICEF from the WHO by highlighting UNICEF's specific focus on:

(A) setting global health norms and standards.
(B) the protection of children's rights and meeting their basic needs.
(C) monitoring and assessing global health trends.
(D) providing large-scale financial loans for health systems.

263. Based on the text, the World Bank's main contribution to international health is primarily through:

(A) conducting field operations for immunization campaigns.
(B) advocating for changes in international health law.
(C) providing financial and technical assistance for health systems.
(D) setting evidence-based policy options for disease control.

264. How does the passage categorize an agency like USAID?

(A) As a multilateral organization within the United Nations system.
(B) As a non-governmental organization focused on child rights.
(C) As the primary coordinating authority on global health.
(D) As a bilateral agency implementing a single country's policies.

265. What does the passage suggest is crucial for the success of global health initiatives?

(A) Synergistic collaboration between different agencies.
(B) Competition among the various international agencies.
(C) The exclusive leadership of the World Bank in all projects.
(D) The independent operation of each agency without coordination.

266. Please read the following source carefully.

Emporiatrics, more commonly known as travel medicine, is a specialized field of medicine dedicated to the health of international travellers. Its emergence and growing importance are direct consequences of the rapid increase in global travel for tourism, business, and migration. The primary goal of emporiatrics is to mitigate the risks of illness and injury that individuals may face while abroad. The practice is comprehensive, encompassing three distinct phases: pre-travel, in-travel, and post-travel care. The pre-travel phase is the most critical, involving a detailed risk assessment based on the traveller's destination, duration of stay, planned activities, and personal health status. This assessment informs personalized recommendations, which typically include routine and destination-specific vaccinations (e.g., for yellow fever or typhoid), prophylactic medications (e.g., for malaria), and counselling on food and water safety, insect avoidance, and management of pre-existing medical conditions. During the travel phase, the focus shifts to managing health issues that may arise, from common ailments like traveller's diarrhea to more serious infections. The post-travel phase involves the evaluation and treatment of any illnesses that may manifest after the traveller returns home, which is crucial as some diseases have long incubation periods. Emporiatrics thus plays a vital role in both individual and public health, preventing the importation of exotic diseases.

Direction : Based on the above source, attempt the following five questions.

What is the most accurate definition of Emporiatrics provided in the passage?

(A) The study of diseases endemic to developing countries.
(B) A specialized medical field concerned with the health of international travellers.
(C) The practice of providing emergency

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is essential because no single agency possesses the comprehensive mandate, expertise, and resources to tackle multifaceted health problems alone. A prime example of such collaboration is the Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS is not a separate UN agency in the traditional sense but a co-sponsored program that unites the efforts of eleven UN system co-sponsors, including WHO, UNICEF, UNFPA, and the World Bank. Within this partnership, each agency contributes its specific strengths: WHO provides technical guidance, evidence-based norms, and standards for prevention and treatment; UNICEF focuses on preventing mother-to-child transmission and addressing the needs of children and adolescents affected by the epidemic; UNFPA concentrates on sexual and reproductive health linkages; and the World Bank assists with financing health systems to support the HIV response. By synergizing their distinct capabilities, these agencies can mount a more coherent, comprehensive, and effective response than they could individually. This model of inter-agency collaboration aims to avoid duplication of effort, reduce fragmentation, and ensure that diverse aspects of a health problem—from clinical treatment to social support—are addressed in a coordinated manner.

Direction : Based on the above source, attempt the following five questions.

According to the passage, why is inter-agency collaboration essential in global health?

(A) Because international agencies are required to compete for funding.
(B) Because it is a mandate that requires all agencies to have identical functions.
(C) Because no single agency has all the necessary resources and expertise for complex problems.
(D) Because it simplifies health problems into single-issue campaigns.

292. The passage uses UNAIDS as a primary example of:

(A) a successful model of inter-agency collaboration to tackle a complex health issue.
(B) a standalone, traditional UN agency with a singular focus.
(C) a competitive framework where agencies work against each other.
(D) an agency that operates independently of the World Health Organization.

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293. Within the UNAIDS collaboration, what is the specified role of UNICEF?

(A) To provide overall financial backing for the entire program.
(B) To set the primary technical norms and standards for HIV treatment.
(C) To concentrate exclusively on the sexual and reproductive health of adults.
(D) To focus on the needs of children and prevent mother-to-child transmission.

294. The contribution of the World Health Organization (WHO) to the UNAIDS program is described as:

(A) providing financial assistance to countries.
(B) offering technical guidance and setting evidence-based standards.
(C) focusing on the needs of adolescents affected by the epidemic.
(D) managing the social support systems for patients.

295. What is a key intended outcome of the collaborative model described in the passage?

(A) To increase the duplication of effort among agencies.
(B) To ensure a more fragmented and less coherent response.
(C) To address a health problem comprehensively by leveraging diverse expertise.
(D) To limit the involvement of agencies like the World Bank in health financing.

296. Please read the following source carefully.

The 1978 Declaration of Alma-Ata established Primary Health Care (PHC) as the cornerstone for achieving the ambitious goal of 'Health for All'. The declaration articulated a revolutionary vision of healthcare that was not merely about the provision of medical services but was a comprehensive approach rooted in principles of social justice. Central to this vision were several core principles. First and foremost was the principle of equitable distribution, asserting that healthcare should be accessible to all, especially the most vulnerable, regardless of their ability to pay. A second key principle was community

273. The passage suggests that a historical challenge in the implementation of PHC was that it was often:
(A) applied too comprehensively, straining health budgets.
(B) rejected by communities due to its focus on participation.
(C) ignored by international health agencies in favour of UHC.
(D) implemented selectively with a focus on a narrow set of interventions.

274. How does the passage relate Universal Health Coverage (UHC) to Primary Health Care (PHC)?
(A) UHC is a modern strategy rooted in the philosophy of PHC.
(B) UHC is a complete rejection of the principles of PHC.
(C) PHC and UHC are identical concepts with different names.
(D) PHC focuses on financial protection, while UHC focuses on community participation.

275. A key feature of Universal Health Coverage (UHC) that is explicitly highlighted in the passage is:
(A) its exclusive focus on preventative services.
(B) its reliance on traditional and socially unacceptable methods.
(C) ensuring access to health services without causing financial hardship.
(D) its goal of being achieved by the year 1978.

276. Please read the following source carefully.
The Millennium Development Goals (MDGs), a set of eight time-bound targets established by the United Nations in 2000, profoundly shaped the global development agenda until 2015. Three of these goals were directly focused on health: MDG 4 aimed to reduce child mortality; MDG 5 targeted an improvement in maternal health; and MDG 6 was dedicated to combating HIV/AIDS, malaria, and other major diseases. This goal-oriented framework was highly effective in several respects. It successfully mobilized unprecedented levels of international funding and political commitment towards specific health problems, leading to significant progress. For instance, global child mortality rates fell dramatically, access to antiretroviral therapy for HIV expanded exponentially, and substantial gains were made in malaria control. However, the MDG framework also faced criticism. A primary concern was that its narrow, disease-specific focus encouraged the development of "vertical" programs that operated in silos, sometimes at the expense of strengthening comprehensive health systems. Critics argued that this approach neglected the foundational elements of a functional health system, such as a well-trained workforce, robust supply chains, and integrated service delivery. Furthermore, the MDGs were often seen as being less attentive to issues of equity, with national averages sometimes masking significant disparities in health outcomes within countries.

Direction : Based on the above source, attempt the following five questions.

Which of the following was NOT one of the health-focused Millennium Development Goals mentioned in the passage?
(A) Combating non-communicable diseases like diabetes and cancer.
(B) Reducing child mortality (MDG 4).
(C) Improving maternal health (MDG 5).
(D) Combating HIV/AIDS, malaria, and other diseases (MDG 6).

277. According to the passage, what was a major success of the MDG framework in the health sector?
(A) It completely eradicated HIV/AIDS and malaria globally.
(B) It led to the perfect strengthening of comprehensive health systems.
(C) It eliminated all health outcome disparities within countries.
(D) It successfully mobilized funding and political will for targeted health issues.

278. The criticism of the MDGs encouraging "vertical" programs implies that these programs:
(A) focused on a specific disease or issue in isolation from the broader health system.
(B) were too comprehensive and integrated.
(C) were designed and implemented by local communities without external support.
(D) prioritized non-communicable diseases over infectious ones.

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medical care in foreign countries.
(D) The science of vaccine development for tropical diseases.

267. According to the text, which phase of emporiatric care is considered the most critical for risk mitigation?
(A) The in-travel phase, focused on managing acute illnesses.
(B) The pre-travel phase, involving risk assessment and preventative measures.
(C) The post-travel phase, involving long-term follow-up.
(D) The vaccination-only phase, focused on immunization.

268. Which of the following activities is NOT part of the pre-travel phase as described in the passage?
(A) Evaluating and treating an illness that manifested after returning home.
(B) Providing destination-specific vaccinations.
(C) Counselling on food and water safety.
(D) Prescribing prophylactic medications for malaria.

269. The passage suggests that the growing importance of emporiatrics is directly linked to:
(A) the decline in the quality of healthcare systems globally.
(B) the increase in the number of non-communicable diseases.
(C) the rise in global travel for various purposes.
(D) the discovery of new prophylactic medications.

270. The post-travel phase of emporiatrics is described as crucial because:
(A) it is the only time when vaccinations can be administered.
(B) most travel-related illnesses occur during this period.
(C) it focuses primarily on counselling for future trips.
(D) some diseases may not become apparent until after the traveller has returned.

271. Please read the following source carefully.
The global pursuit of 'Health for All' has evolved significantly since its landmark articulation at the International Conference on Primary Health Care in Alma-Ata in 1978. The Declaration of Alma-Ata championed Primary Health Care (PHC) as the key to attaining this goal. PHC was envisioned as a holistic approach, defined as essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation. It emphasized principles of equity, community involvement, inter-sectoral coordination, and appropriate technology. However, the comprehensive vision of PHC was often selectively implemented, with a narrower focus on a few cost-effective interventions rather than broad health system development. Over the subsequent decades, the global health discourse has progressively shifted, building upon the foundational ideals of Alma-Ata. This evolution has culminated in the contemporary concept of Universal Health Coverage (UHC). UHC aims to ensure that all people can access the quality health services they need—spanning promotion, prevention, treatment, rehabilitation, and palliation—without incurring financial hardship. While distinct in its explicit focus on financial risk protection and service coverage, UHC is fundamentally rooted in the PHC philosophy of equity and universal access, representing a modern, measurable strategy to achieve the enduring vision of Health for All.

Direction : Based on the above source, attempt the following five questions.

What was identified by the 1978 Alma-Ata Declaration as the key to achieving 'Health for All'?
(A) Universal Health Coverage (UHC).
(B) A selective focus on cost-effective interventions.
(C) The implementation of Primary Health Care (PHC).
(D) The establishment of large, centralized hospitals.

272. Which of the following is NOT listed in the passage as a core principle of the original Primary Health Care concept?
(A) Equity
(B) Advanced hospital-based technology
(C) Community participation
(D) Inter-sectoral coordination

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access to healthcare.

286. Please read the following source carefully.
The health profile of many developing countries is defined by the "dual burden" of disease, a complex phenomenon resulting from an incomplete epidemiological transition. In this scenario, nations must simultaneously confront the "unfinished agenda" of communicable, maternal, neonatal, and nutritional (CMNN) diseases while also facing a rapidly accelerating "emerging agenda" of non-communicable diseases (NCDs) and injuries. The unfinished agenda consists of persistent, high rates of infectious diseases such as tuberculosis and malaria, significant challenges in maternal and child survival, and widespread malnutrition. These are problems typically associated with poverty and underdeveloped health infrastructure. Concurrently, due to factors like globalization, urbanization, and increased life expectancy, these same countries are witnessing a surge in NCDs. Conditions like hypertension, diabetes, cardiovascular disease, and cancer, once considered problems of affluent societies, are now major causes of disability and death. This dual burden places an extraordinary strain on nascent health systems. These systems are often vertically structured to tackle specific infectious diseases and are ill-equipped in terms of funding, trained personnel, and infrastructure to provide the long-term, person-centered care required for chronic NCD management. The need to fight on two fronts simultaneously often leads to fragmented care and inefficient allocation of already scarce resources.

Direction : Based on the above source, attempt the following five questions.

The "dual burden" of disease in developing countries is a result of:
(A) a completed epidemiological transition where NCDs are the only problem.
(B) the successful eradication of all communicable diseases.
(C) an exclusive focus on injuries and accidents within the health system.
(D) a situation where both communicable and non-communicable diseases are highly prevalent.

287. According to the passage, the "unfinished agenda" in the context of the dual burden refers to:
(A) the emerging problem of non-communicable diseases.
(B) challenges related to urbanization and globalization.
(C) persistent issues like infectious diseases and poor maternal/child health.
(D) the management of hypertension and diabetes in affluent societies.

288. Which of the following is listed as a factor contributing to the rise of the "emerging agenda" of NCDs in developing countries?
(A) The persistence of widespread malnutrition.
(B) The processes of urbanization and globalization.
(C) The success of vertically structured health programs.
(D) The decline in life expectancy.

289. The passage suggests that existing health systems in developing nations are often ill-equipped to manage NCDs because they:
(A) have too much funding and an excess of trained personnel.
(B) are designed only for the long-term care of chronic conditions.
(C) refuse to acknowledge the existence of NCDs.
(D) are primarily structured to deal with acute, infectious diseases.

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290. A primary consequence of the dual burden on health systems described in the passage is:
(A) an extraordinary strain leading to fragmented care and resource inefficiency.
(B) a highly efficient allocation of abundant resources.
(C) perfectly integrated and person-centered care.
(D) a complete shift in focus to managing only NCDs.

291. Please read the following source carefully.
Effective global health action against complex challenges requires robust inter-agency collaboration, where multiple international bodies coordinate their efforts to achieve a common objective. This collaborative approach

energy access is a critical component of modern development, it was not categorized as a health-specific goal in that particular framework. It was later.

The focus of these goals was to address the most immediate life-threatening conditions in poorer nations worldwide.

14. (A) 3, 1, 4, 2
Global health history is marked by several significant milestones that have shaped current policies. The establishment of the primary international health body occurred shortly after the second world war. This was followed decades later by a landmark declaration on primary health care. At the turn of the century, a set of goals for developing nations was launched, eventually leading to a more comprehensive.

Understanding this timeline is essential for recognizing how health strategies have evolved toward universality and sustainability globally.

15. (A) Achieving a level of health that allows all people to lead a socially and economically productive life.
The vision articulated in the landmark 1978 declaration was not about the total elimination of all illness. Instead, it focused on ensuring that every person attains a standard of health that enables them to participate actively in society and contribute to the economy. This approach emphasizes that health is a fundamental human right and a social goal. It requires.

Primary health care is recognized as the key strategy to make this ambitious vision a reality worldwide.

16. (A) Both Statement I and Statement II are true.
The current global development agenda represents a significant expansion in scope compared to previous frameworks. It recognizes that health, environment, and economy are deeply interconnected and cannot be addressed in isolation. Furthermore, these goals are universal, meaning they apply to every nation regardless of its economic status. This creates a shared responsibility for global progress and ensures that.

The transition to this integrated approach reflects a more holistic understanding of what constitutes sustainable human development.

17. (B) High rates of vector-borne diseases like dengue.
The South East Asia region faces unique environmental and social challenges that influence its disease profile. Dense populations and tropical climates create ideal conditions for the transmission of various illnesses carried by mosquitoes. Among these, dengue fever represents a major public health threat with seasonal outbreaks that strain local medical facilities. Addressing these issues requires robust vector control programs and.

Strengthening surveillance and community awareness is vital for managing the persistent threat of such infectious diseases regionally.

18. (A) UNICEF's work focuses exclusively on providing emergency relief during natural disasters.
While humanitarian assistance during crises is a vital function, the mandate of this child-focused organization is much broader. It engages in long-term developmental work to promote the rights and well-being of children and adolescents globally. This includes improving nutrition, supporting immunization campaigns, and ensuring access to education and clean water. Its activities are designed to create lasting improvements.

It operates in over one hundred ninety countries and territories to reach the most vulnerable children everywhere.

19. (C) Communicable diseases, perinatal conditions, and nutritional deficiencies cause more deaths in developing nations.
There is a distinct contrast between the leading causes of mortality in different economic settings. Poorer nations continue to bear a disproportionate burden of diseases related to poor sanitation and inadequate medical care for mothers and infants. In these regions, infectious diseases and nutritional gaps remain significant threats to survival. Conversely, wealthier nations have largely shifted toward managing chronic, non-communicable conditions.

Bridging this gap requires targeted investments in basic health infrastructure and preventive services for at-risk populations.

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participation, which empowered communities to be active partners in the planning, implementation, and evaluation of their own health services, rather than passive recipients of care. Third, the declaration emphasized inter-sectoral action, recognizing that health is determined by factors outside the immediate health sector, such as education, agriculture, and sanitation, and thus requires coordinated efforts across these domains. Finally, PHC promoted the use of appropriate technology, defined as methods and materials that are scientifically sound, socially acceptable, and affordable for the country and community. These foundational principles framed PHC as a philosophy for developing health systems that are responsive, equitable, and sustainable, with a strong focus on health promotion and disease prevention.

Direction : Based on the above source, attempt the following five questions.

The 1978 Declaration of Alma-Ata is primarily known for establishing:
(A) the Millennium Development Goals.
(B) the concept of Universal Health Coverage.
(C) the World Health Organization.
(D) Primary Health Care as the key to 'Health for All'.

297. The principle of "community participation" in PHC, as described in the passage, implies that communities should be:
(A) active partners in managing their own health services.
(B) passive recipients of centrally planned health services.
(C) excluded from the planning and evaluation of healthcare.
(D) responsible for funding the entire health system themselves.

298. What does the principle of "inter-sectoral action" recognize?
(A) That health is determined solely by the actions of the health sector.
(B) That health is influenced by sectors like education, agriculture, and sanitation.
(C) That healthcare should be organized into separate, competing sectors.
(D) That only medical professionals should be involved in health planning.

299. According to the passage, "appropriate technology" in the context of PHC refers to technology that is:
(A) the most advanced and expensive available, regardless of context.
(B) developed without scientific backing but is popular in the community.
(C) scientifically sound, socially acceptable, and affordable.
(D) used exclusively for curative hospital-based care.

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300. The principle of "equitable distribution" as articulated in the Alma-Ata declaration emphasizes that healthcare should be accessible to:
(A) all individuals, with a special focus on the most vulnerable.
(B) only those who can afford to pay for it.
(C) only the residents of urban areas.
(D) only those who actively participate in community meetings.

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ANSWERS

1. (B) A shift from high prevalence of communicable diseases to a high prevalence of non-communicable diseases.
The concept of epidemiological transition describes a significant change in the patterns of health and disease within a population. As nations undergo industrialization and economic development, there is typically a noticeable decline in mortality from infectious diseases. This trend is accompanied by an increasing life expectancy and a rising burden of chronic, non-communicable conditions such as cardiovascular diseases, cancer, and metabolic disorders.

These transitions reflect improvements in sanitation, nutrition, and healthcare access that characterize the development process.

2. (A) The health of international travelers.
Travel medicine is a specialized field of medical practice that focuses on the prevention and management of health problems associated with international travel. This discipline involves comprehensive risk assessment based on the specific itinerary, duration of stay, and the health status of the individual. Practitioners provide essential guidance on immunizations, malaria prophylaxis, and measures to avoid diseases transmitted through food, water, or insect bites.

It ensures travelers remain healthy and reduces the risk of global disease spread.

3. (C) Statement I is true but Statement II is false.
The 1978 conference in Kazakhstan resulted in a monumental document that redefined global health strategies. This declaration identified primary health care as the essential approach to achieving an acceptable level of health for all people. It rejected vertical, disease-specific models in favor of a comprehensive, horizontal system that integrates promotive, preventive, and curative services. This framework emphasizes community participation, equity, and inter-sectoral coordination.

It remains a foundational concept for modern public health and universal health coverage.

4. (D) The coexistence of significant communicable and non-communicable disease loads.
Many nations in the South East Asia region are currently experiencing a complex public health challenge characterized by overlapping disease profiles. While these countries still grapple with traditional infectious diseases like tuberculosis and malaria, they are simultaneously seeing a rapid rise in lifestyle-related conditions such as diabetes and hypertension. This phenomenon places an immense strain on health systems that must allocate limited resources.

Effective management requires integrated health policies that address both acute infections and chronic conditions.

5. (A) P-3, Q-4, R-1, S-2
International organizations have distinct mandates to address various aspects of human well-being and development. Certain agencies focus on the health and rights of children, while others manage reproductive health and population dynamics. Food security and nutritional standards fall under the purview of specialized agricultural bodies. Financial institutions play a critical role by providing the necessary funding and technical support for large-scale health infrastructure.

Collaboration among these entities is essential for achieving broad sustainable development goals and improving global health.

6. (B) High prevalence of age-related dementia.
Health profiles in less developed nations are typically dominated by issues linked to poverty and inadequate infrastructure. These include high rates of maternal mortality, widespread childhood malnutrition, and a heavy burden of endemic infectious diseases. In contrast, conditions like dementia are more prevalent in developed countries with aging populations. The demographic structure of developing nations often features a younger population, making geriatric issues a lower immediate priority.

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Public health interventions in these regions prioritize infectious disease control and maternal health services.

7. (D) The MDGs were universally applicable to all countries, regardless of development status.
The millennium development goals were a set of eight time-bound objectives established in the year 2000. These goals were specifically designed to address the most pressing challenges faced by developing nations, such as extreme poverty and high child mortality. Unlike the later sustainable development goals, they did not apply universally to developed countries. Instead, they provided a framework for international aid and progress.

They were succeeded by a more inclusive agenda that emphasizes global responsibility for sustainable progress.

8. (A) Both A and R are true and R is the correct explanation of A.
Developed nations are currently navigating a demographic shift where birth rates are declining while life expectancy continues to rise. This trend results in a significantly higher proportion of elderly individuals within the population. Consequently, the healthcare systems in these countries must adapt to manage a growing burden of complex chronic conditions associated with aging. The demographic transition directly influences the type of services.

This shift necessitates increased investment in long-term care and specialized geriatric medical services for the public.

9. (C) Implementing a nationwide childhood vaccination program.
In the context of national health planning for developing regions, addressing preventable causes of death is a primary objective. Childhood vaccinations offer one of the most cost-effective interventions to reduce infant and child mortality rates significantly. While advanced surgical technologies and luxury facilities serve specific needs, they do not address the foundational health requirements of the broader population. Vaccination programs directly combat.

Such initiatives are essential for building a healthy foundation and achieving long-term social and economic development.

10. (A) The World Health Organization (WHO)
As the specialized agency of the United Nations for health, this organization plays a central role in global governance. It is responsible for establishing international norms and standards that guide clinical practices and public health policies worldwide. Furthermore, it coordinates the international response to health emergencies and monitors global trends in disease. Its leadership is vital for aligning the efforts.

Its constitutional objective is the attainment by all peoples of the highest possible level of physical health.

11. (B) 2 and 4
The concept of universal health coverage is designed to ensure that all individuals have access to the full spectrum of essential health services. This includes prevention, treatment, and rehabilitation, regardless of their ability to pay. A fundamental component of this framework is financial risk protection, which prevents people from falling into poverty due to high out-of-pocket costs. It does not imply.

Achieving this goal requires a strong, efficient health system and a sustainable mechanism for financing medical services.

12. (B) To receive the yellow fever vaccine and obtain an official International Certificate of Vaccination.
Traveling to regions where specific viral infections are endemic requires adherence to international health protocols. Vaccination is the most effective preventive measure against such diseases and is often a legal requirement for entry into certain countries. Travelers must carry documented proof of immunization, known as the yellow card, to comply with international health regulations. This document serves.

Comprehensive pre-travel consultation ensures that individuals are protected and prevents the cross-border transmission of dangerous pathogens.

13. (C) Ensure access to affordable and clean energy.
The millennium development goals included several targets specifically focused on improving human health outcomes globally. These targets addressed the reduction of child mortality, the improvement of maternal health, and the fight against major infectious diseases. While

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279. A significant shortcoming of the MDG framework, as identified in the text, was its relative lack of attention to:
(A) specific, measurable health targets.
(B) combating major infectious diseases like HIV.
(C) the issue of equity and disparities within countries.
(D) mobilizing international financial resources.

280. The passage suggests that the MDG approach was sometimes detrimental to:
(A) the development of holistic and integrated health systems.
(B) achieving specific disease-related targets.
(C) attracting political commitment to health.
(D) the global fight against malaria.

281. Please read the following source carefully.
The conclusion of the Millennium Development Goals (MDG) era in 2015 heralded a shift to a more ambitious and comprehensive global agenda: the 2030 Agenda for Sustainable Development, built around 17 Sustainable Development Goals (SDGs). This new framework represents a significant evolution from the MDGs, embracing principles of universality, integration, and sustainability. While the MDGs had a narrow focus on a few health-related targets, the SDGs address health in a much broader context. The central health goal, SDG 3, is to "Ensure healthy lives and promote well-being for all at all ages." Its scope is vast, encompassing 13 distinct targets that move far beyond the MDG agenda. SDG 3 not only continues the "unfinished agenda" of the MDGs—such as reducing maternal and child mortality and ending epidemics of communicable diseases—but also introduces critical new areas. These include ambitious targets for reducing premature mortality from non-communicable diseases (NCDs), strengthening the prevention and treatment of substance abuse, halving deaths and injuries from road traffic accidents, and, crucially, achieving universal health coverage (UHC). The interconnected nature of the SDGs means that SDG 3 is also intrinsically linked to other goals related to poverty (SDG 1), nutrition (SDG 2), education (SDG 4), and clean water and sanitation (SDG 6), reflecting a more holistic understanding of the social determinants of health.

Direction : Based on the above source, attempt the following five questions.

What is the central health-related goal within the Sustainable Development Goals framework?
(A) SDG 1: End poverty in all its forms everywhere.
(B) SDG 6: Ensure availability of water and sanitation for all.
(C) To exclusively continue the work of the health-related MDGs.
(D) SDG 3: Ensure healthy lives and promote well-being for all at all ages.

282. How does the scope of SDG 3 compare to the health-related MDGs, according to the passage?
(A) It is narrower and more focused on a few diseases.
(B) It is significantly broader, including NCDs, substance abuse, and UHC.
(C) It is identical to the MDG health agenda.
(D) It abandons the goals of the MDGs entirely.

283. Which of the following is identified in the passage as a new area of focus in SDG 3 that was not a primary target of the health-MDGs?
(A) Reducing child mortality.
(B) Ending the epidemic of AIDS.
(C) Reducing premature mortality from non-communicable diseases.
(D) Improving maternal health.

284. The passage highlights the "interconnected nature" of the SDGs, implying that:
(A) achieving the health goal (SDG 3) is dependent on progress in other areas like poverty and education.
(B) each goal must be addressed in complete isolation.
(C) SDG 3 is the only goal that impacts other goals.
(D) the SDGs are designed for developed countries only.

285. The inclusion of a target for achieving universal health coverage (UHC) within SDG 3 signifies:
(A) a focus only on high-income countries.
(B) a continuation of the narrow, disease-specific approach of the MDGs.
(C) the integration of a systems-level goal for health access and financial protection.
(D) a move away from the principle of ensuring

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20. (D) Focus on specialized, high-technology curative care.
The core philosophy of primary health care is based on making essential medical services accessible and affordable to everyone. This approach prioritizes equity, community involvement, and the use of appropriate technology that is socially acceptable. It also emphasizes the importance of coordinating with other sectors like education and agriculture to improve overall well-being. Focusing on expensive.

Implementing these principles ensures that the most basic health needs are met for the entire community effectively.

21. (C) SDG 3
Within the current global framework for sustainable development, one specific goal is dedicated to ensuring healthy lives for all people. This goal covers a wide range of targets, including reducing maternal and child mortality and ending epidemics of infectious diseases. It also emphasizes the importance of strengthening health systems and achieving universal health coverage. By addressing these.

This comprehensive approach is essential for promoting well-being and ensuring that no one is left behind globally.

22. (A) Both A and R are true and R is the correct explanation of A.
The evolution of international development targets reflects a shift toward understanding the complex factors that determine health outcomes. While previous goals focused on specific diseases, the current framework recognizes that health is influenced by education, economic status, and environmental conditions. This integrated approach encourages different sectors to work together to achieve common objectives. By addressing.

This broader perspective is necessary to create lasting improvements in the quality of life for all populations.

23. (D) Supporting child immunization programs and improving child nutrition.
Ensuring the survival and healthy development of young populations is a primary focus for this international agency. It works extensively with governments and partners to supply life-saving vaccines and improve dietary standards for children. These efforts are part of a broader commitment to upholding the rights of children to health and well-being. By focusing on.

These interventions are critical for reducing preventable deaths and promoting healthy growth during the earliest stages of life.

24. (B) 2, 3, and 5
Nations in South East Asia are navigating a transition where they must address both traditional and emerging health threats. While progress has been made, maternal and neonatal mortality remain significant concerns in several countries within the region. Additionally, rapid urbanization and industrialization have led to increased environmental hazards like air and water pollution. These factors.

Comprehensive health strategies must be implemented to manage this complex burden of disease and environmental risk effectively.

25. (C) Protect individuals and households from catastrophic health expenditures.
A key objective of a fair healthcare system is to ensure that seeking medical care does not lead to financial ruin. This principle involves creating mechanisms where the cost of services is shared, reducing the burden on individuals at the point of care. When people are protected from high out-of-pocket costs, they are more likely to seek treatment.

This protection is vital for achieving equity and ensuring that essential healthcare is accessible to everyone.

26. (A) A large proportion of the health budget being spent on managing chronic diseases in an aging population.
Highly industrialized nations typically experience a demographic profile with a high life expectancy and a larger number of elderly citizens. This results in a healthcare system that must prioritize the management of long-term conditions like heart disease, cancer, and neurodegenerative disorders. These chronic issues require sustained medical attention and significant financial resources. Unlike in poorer nations.

Adapting health services to meet the needs of an aging society is a major challenge for these nations.

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27. (B) P-2, Q-4, R-1, S-3
The framework established at the turn of the century included specific objectives to improve global living standards. One goal focused on decreasing the mortality rates of children under five, while another aimed at enhancing the health of mothers. Combatting widespread infectious diseases like malaria and HIV was also a top priority. Additionally, eradicating extreme hunger and poverty.

These goals provided a clear roadmap for international efforts to improve health and reduce global inequality.

28. (B) The World Health Organization (WHO)
This specialized agency is mandated by its member states to manage the legal framework that governs international health security. These regulations are designed to provide a coordinated response to public health events that could potentially spread across borders. The agency provides technical guidance and monitors compliance to ensure that such risks are managed with minimal disruption to international trade.

Its role is essential for maintaining global vigilance against emerging infectious diseases and other health threats.

29. (C) Médecins Sans Frontières (Doctors Without Borders)
This independent medical humanitarian organization is renowned for providing assistance in territories affected by armed conflict, epidemics, or natural disasters. It operates based on the principles of medical ethics and remains neutral and impartial in its actions. The organization often works in areas where the local healthcare system has collapsed, offering essential clinical care and surgical services.

Its commitment to speaking out about the plight of the populations it serves is a core value.

30. (D) The Alma-Ata Declaration
The concept of ensuring every person attains a level of health that allows for a socially and economically productive life was officially introduced at a historic conference in 1978. This declaration established primary health care as the essential strategy for reaching this goal. It emphasized that health is a fundamental human right and highlighted the need for international cooperation.

This milestone shifted the global health focus toward community-based services and equity in healthcare distribution.

31. (A) 1 only
One of the primary objectives of the current global health agenda is to eliminate the threats posed by major infectious diseases by the end of the decade. This specific target includes ending epidemics such as malaria, tuberculosis, and tropical diseases that have long plagued human populations. Other related goals address education, water access, and food security, which are important but separate.

Success in this area is a critical component of promoting overall health and well-being for all ages.

32. (C) Statement I is false but Statement II is true.
Travel medicine is a comprehensive discipline that extends far beyond treating illnesses after a trip has concluded. It is primarily proactive, involving detailed pre-travel consultations where potential health risks are assessed based on the destination. Practitioners recommend necessary immunizations and prescribe prophylactic medications to prevent diseases like malaria. They also provide vital advice on food and water safety.

This preventive focus is essential for protecting the health of individuals during international travel and beyond.

33. (B) Sedentary lifestyles, unhealthy diets, and tobacco use.
In highly developed nations, the prevalence of chronic health conditions is closely linked to modern habits and behavioral patterns. High levels of physical inactivity, combined with diets rich in processed foods and sugars, contribute significantly to the rise of conditions like obesity and heart disease. Tobacco use remains a major risk factor for various cancers and respiratory illnesses.

Addressing these lifestyle factors through public health policy is a priority for improving long-term health outcomes.

34. (A) Geographical coverage (which countries are covered).
The conceptual framework for universal health coverage is often represented by three critical

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dimensions that define the extent of the system. These include identifying which individuals are protected, determining the range of essential health services that are provided, and establishing the portion of costs that are covered. These elements ensure that access is equitable and that people are protected from financial hardship.

Focusing on these core axes allows countries to systematically expand their health systems toward full coverage.

35. (C) Population dynamics, reproductive health, and gender equality.
This United Nations agency is dedicated to ensuring that every pregnancy is wanted and every childbirth is safe. Its mandate includes promoting universal access to reproductive health services and empowering women and young people. The agency also works to address issues related to population growth and migration, recognizing their impact on sustainable development. By focusing on gender.

Its efforts are vital for protecting human rights and promoting health throughout the life cycle globally.

36. (A) 4, 1, 3, 2
The history of global health is shaped by the establishment of various organizations over more than a century. An international committee focused on victims of conflict was founded in the mid-nineteenth century. Following the second world war, agencies for children and general health were created within a few years of each other. Most recently, a major financing partnership was formed.

Recognizing the founding sequence of these entities provides insight into the evolution of international cooperation and aid.

37. (C) High under-five mortality rate.
Significant differences in health indicators often reflect the level of economic and social development within a country. High rates of death among children under the age of five are frequently observed in regions with inadequate sanitation and limited access to basic medical services. In contrast, developed nations typically exhibit high life expectancy and low infant mortality due to robust.

Improving child survival remains a critical focus for public health initiatives in less developed regions worldwide.

38. (B) A re-commitment to the values of PHC with a stronger focus on financial protection and service access.
The transition toward universal health coverage represents a modern evolution of the foundational principles established decades ago. It maintains the emphasis on equity and community participation while introducing a more rigorous focus on ensuring people do not suffer financial ruin from medical costs. This approach integrates the comprehensive spirit of primary health care into a broader health.

It serves as a practical roadmap for achieving health for all in the current global context.

39. (A) Both A and R are true and R is the correct explanation of A.
Many nations are currently facing a paradoxical health situation where different nutritional challenges exist within the same community. While some populations suffer from lack of access to adequate food, leading to stunting and wasting, others are increasingly affected by obesity and related chronic diseases. This phenomenon is often driven by rapid changes in diet and activity levels.

Addressing this multifaceted problem requires comprehensive policies that target both undernutrition and the rising epidemic of obesity.

40. (A) The MDGs were seen as being too 'top-down' and did not sufficiently address inequality within countries.
While the previous global goals achieved significant progress, they were often criticized for not being inclusive enough during their design. They tended to focus on national averages, which sometimes masked deep disparities between different social and economic groups. The current agenda was developed through broader consultations to ensure that no specific population is excluded from the benefits of development.

This shift highlights the importance of addressing internal inequalities to achieve truly sustainable and equitable progress.

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social, and environmental issues. It recognizes that sustainable development requires a comprehensive approach that.

This universal framework reflects a more mature and integrated strategy for global human progress.

56. (A) High incidence of deaths due to diseases of affluence like metabolic syndrome.
Developing nations are primarily characterized by health issues that are linked to poverty and limited access to basic services. These include high maternal mortality, significant rates of childhood malnutrition, and deaths from preventable infectious diseases. While chronic conditions are rising, they are not yet the defining characteristic of these health systems compared to infectious.

Addressing the basic needs of the population remains the most urgent priority for health officials in these regions.

57. (C) World Health Organization (WHO)
The visual identity of the primary international health body features a well-known symbol from ancient medical traditions. This emblem, consisting of a staff with a serpent coiled around it, represents the healing arts. It is recognized globally as a sign of medical authority and the commitment to public health. The organization uses this logo on.

This symbol reflects the historical roots of medicine and its enduring mission to improve human health.

58. (C) Statement I is true but Statement II is false.
The South East Asia region continues to face a heavy burden from certain infectious diseases, with some of the highest case numbers globally. At the same time, the prevalence of chronic, non-communicable conditions is rapidly increasing across its member states. It is incorrect to suggest that these modern health issues have been eliminated; instead, they represent a growing.

Health systems in this region must adapt to manage this dual challenge of acute and chronic illnesses.

59. (D) Lead international efforts to defeat hunger and improve nutrition.
The mission of this specialized international agency is centered on the foundational human need for adequate and safe food. It works with governments to improve agricultural practices, enhance food security, and set international standards for nutritional quality. By addressing the roots of hunger, it contributes significantly to the overall health and productivity of populations.

Its work is essential for achieving long-term stability and improving the quality of life globally.

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60. (B) 2, 3, 1
Global health policy has evolved through several distinct phases over the past several decades. An early focus on community-based primary care was established in the late nineteen-seventies. This was later succeeded by a broader set of sustainable development objectives in the mid-twenty-teens. Recently, the specific push for ensuring access to quality services without financial hardship has.

Tracking these shifts shows how international strategies have moved toward more comprehensive and inclusive health systems.

61. (B) 2, 3 and 4
Travel medicine is a multi-faceted discipline that focuses on protecting the health of individuals before, during, and after their journeys. A key part of the practice is assessing individual risk based on the traveler's medical history and their intended destination. Prevention is prioritized through the use of vaccines and advice on avoiding contaminated food and water.

This proactive approach is vital for ensuring the safety of international travelers and maintaining health.

62. (D) Target 3.8: Achieve universal health coverage, including financial risk protection.
Within the specific global goal for health, there is a target that focuses on ensuring every person can access the medical services they need. This target emphasizes the importance of providing high-quality care and protecting people from high out-of-pocket expenses. It is considered a central pillar of the entire health agenda, as it enables the.

Achieving this target is essential for realizing the broader vision of healthy lives for all people.

63. (A) Profitability
The international red cross movement is guided by a set of fundamental principles that ensure

care occurred in the late nineteen-seventies. This was followed by a set of goals for the first fifteen years of the new millennium. A more comprehensive agenda succeeded them for the subsequent period. The overarching vision of health.

These frameworks represent the continuing global effort to improve health outcomes and achieve equity for everyone.

49. (B) To ensure all people access quality health services without suffering financial hardship from out-of-pocket costs.
The primary objective of achieving full health coverage is to remove the barriers that prevent people from seeking necessary care. This means that services should be available based on need rather than the ability to pay. It also involves protecting individuals from high costs that can lead to poverty. By creating sustainable financing systems, countries can provide.

This approach is fundamental to upholding the right to health and promoting overall social equity.

50. (B) 2 and 4
Different international organizations have specific mandates that contribute to the overall development of human populations. One agency is dedicated to protecting the rights and ensuring the well-being of young people globally. Another considers health to be an integral part of broader human development and works to address its social and economic roots. These entities often.

Understanding the specialized roles of these agencies is crucial for coordinated international progress in health.

51. (C) A growing proportion of the population being elderly, with complex chronic health needs.
When a nation completes its demographic transition, it typically sees a stable population with many individuals living into old age. This success brings new challenges for the healthcare system, as older people are more likely to have multiple chronic conditions. These patients require integrated, long-term care that can be very costly. Consequently, health policies in developed.

Adapting medical services to support an aging society is a primary focus for modern healthcare planners.

52. (D) The need for the health sector to work with other sectors like education, agriculture, and sanitation.
Achieving optimal health outcomes requires more than just medical interventions; it involves addressing the underlying factors that influence well-being. This principle emphasizes that the health department must collaborate with other government areas to ensure people have clean water, adequate food, and health education. Such partnerships are essential for preventing disease and promoting a healthy.

This broad approach recognizes that health is a shared responsibility across all parts of society.

53. (C) The principle of "Leave No One Behind" is central to the SDG agenda.
A fundamental commitment of the current global development framework is the focus on reaching the most marginalized and vulnerable populations. This principle ensures that progress is measured by the improvement of those who are furthest behind. It encourages policies that address inequalities and provide equal opportunities for everyone. By prioritizing the needs of.

This inclusive approach is essential for achieving truly sustainable development that benefits all of humanity.

54. (B) The International Health Regulations (IHR)
International travel is governed by a set of rules designed to prevent the cross-border spread of serious infectious diseases. These regulations require travelers to have specific vaccinations when visiting certain endemic regions. Governments use these rules to protect their own populations and contribute to global health security. Carrying the appropriate documentation is a.

Compliance with these international standards is vital for managing the risks associated with global human mobility.

55. (A) Both A and R are true and R is the correct explanation of A.
The transition between global development frameworks marked a significant expansion in the scope of international cooperation. While the previous set of goals focused on a few social targets in poorer nations, the current agenda addresses a wide array of economic,

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burden of disease. This situation occurs when a country must manage persistent infectious diseases while also seeing a sharp increase in chronic, lifestyle-related conditions. This overlapping profile places a significant demand on healthcare workers and financial resources. Effectively addressing.

Health systems must be strengthened to provide both acute and long-term care to meet these diverse needs.

86. (B) MDG 5 included a target to achieve universal access to higher education for women.
The health targets established for the first fifteen years of this century were very specific. They focused on reducing child deaths and improving the care provided to mothers during and after pregnancy. Another goal aimed to reverse the spread of major infectious diseases. While education is a vital part of development, it was not the specific.

These clear objectives helped to mobilize international resources and achieve significant improvements in global health.

87. (D) Setting standards for food safety and quality through the Codex Alimentarius Commission, jointly with WHO.
Promoting human health involves more than just medical treatment; it also requires ensuring that the food people eat is safe and nutritious. This specialized agency works with the international health body to develop global standards for food quality. These standards protect consumers and facilitate fair trade in food products. By ensuring the safety of the.

Its efforts are essential for preventing foodborne illnesses and supporting healthy nutrition for populations worldwide.

88. (C) 2, 3, and 4
Moving toward full health coverage is a long-term process that requires a strong and well-managed medical system. This includes having a sustainable way to fund services and ensuring that people can access essential medicines when needed. It is not something that can be achieved instantly, but rather a journey of continuous improvement. By focusing on.

Building a resilient health system is the foundation for providing equitable care to all citizens.

89. (C) Emporiatrics
Travel medicine is a specialized area of clinical practice that addresses the unique health needs of international travelers. This includes providing advice on how to avoid common illnesses like diarrhea that can occur in different environmental settings. Practitioners also recommend vaccinations and other preventive measures to ensure a safe journey. This field is essential for.

Proactive medical guidance helps individuals stay healthy and reduces the risk of global disease transmission.

90. (A) The 2030 Agenda for Sustainable Development (SDGs)
The central promise of the current global development framework is the commitment to reach the most vulnerable and marginalized people first. This principle ensures that progress is measured not just by national averages, but by the improvement of those furthest behind. It encourages an inclusive approach that addresses all forms of inequality. By making this.

This transformative promise is essential for achieving a more equitable and sustainable world for everyone.

91. (A) P-4, Q-1, R-3, S-2
International health and development are supported by various organizations with specialized mandates. Some entities function as global partnerships to increase access to vaccines in poorer countries. Others provide a coordinated response to major epidemics or offer humanitarian medical aid in crisis zones. There are also programs that integrate health into the broader context.

Collaboration between these different types of agencies is vital for addressing complex global health challenges.

92. (B) UNFPA
The relationship between population changes and health is a key area of focus for international development. This specialized United Nations agency works to ensure that every individual has access to reproductive health services. It also studies how population dynamics, such as age and migration, affect the development of a nation. By promoting gender equality and.

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its work is humanitarian and impartial. These principles include neutrality and independence, which allow the organization to provide aid in conflict zones without taking sides. Its primary focus is on protecting human life and health, rather than generating financial gain. By.

These core values are essential for maintaining the trust and access needed to help victims of crises.

64. (B) The incidence of oral cancers.
Cultural habits and behavioral risks have a significant impact on the health profile of populations in South East Asia. The widespread use of various forms of smokeless tobacco is a major risk factor for several serious conditions. Specifically, it is closely linked to a high number of cases of malignant growths in the mouth. Public health.

Implementing effective control measures and raising awareness is vital for reducing the burden of these preventable diseases.

65. (B) Involves assistance and cooperation between two governments.
International aid can be delivered through various channels, each with its own structure and purpose. One type of agency represents the efforts of a single nation to provide developmental support to another specific country. This differs from organizations that are funded by many nations and operate on a global scale. These direct partnerships often focus on.

Understanding these different models of cooperation is important for analyzing how international health aid is managed.

66. (A) A health condition, often chronic or lifestyle-related, that is prevalent in high-income, industrialized nations.
Nations with high levels of economic development tend to face a specific set of health challenges. These conditions are often associated with longer life spans and the habits found in modern societies. They include heart disease, cancer, and metabolic disorders that require long-term management rather than a simple cure. These issues place a continuous demand on the health.

Managing these chronic health problems is a major focus for the medical systems of developed nations.

67. (C) UNFPA - Managing global food supplies and agricultural policy.
Every international organization within the United Nations system has a specialized area of responsibility. While one agency focuses on health standards and another on child welfare, the mandate for food and agriculture belongs to a different body. The agency for population issues is instead focused on reproductive health and gender equality. Misidentifying these roles can.

Clear mandates ensure that each agency can effectively address its specific area of global development.

68. (A) Both Statement I and Statement II are true.
The 1978 conference in Kazakhstan set an ambitious target for the international community to improve the health of all people by the turn of the century. This vision was based on the understanding that basic healthcare must be made available to everyone. The declaration identified primary health care as the primary means to achieve this equitable distribution.

This approach remains a cornerstone of global health and continues to influence modern healthcare strategies.

69. (C) A more universal, integrated, and sustainable framework for development.
The current global agenda for human progress represents a major evolution from previous efforts. It moves away from a narrow focus on specific diseases toward a broader understanding of how health, economy, and environment interact. These goals are also designed to be relevant to every nation, creating a shared responsibility for a better future. By.

This holistic strategy is essential for creating lasting improvements in the well-being of all global populations.

70. (B) P-3, Q-4, R-1, S-2
Various health concepts and goals are defined by their specific focus and terminology. One discipline is dedicated to the health of those traveling abroad, while certain global targets prioritize the fight against major infectious diseases. Other terms describe the simultaneous presence of multiple health challenges in a population. The goal of providing access to services without.

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These terms provide a common language for discussing and addressing complex international public health issues.

71. (D) A false but R is true.
Achieving full health coverage does not require a single specific economic model for the healthcare system. While the government must ensure that services are accessible, these services can be provided by a mix of public and private entities. The essential requirement is that the system provides high-quality care and protects people from high costs. Nations can.

This flexibility allows different countries to develop systems that fit their own social and economic contexts.

72. (A) Promoting healthy lifestyles, including tobacco control and healthy diets.
Reducing the impact of chronic conditions like heart disease and diabetes requires a focus on prevention. Many of these diseases are influenced by behavioral factors that can be addressed through public policy and individual choices. Strategies such as reducing tobacco use and encouraging better nutrition are essential for decreasing premature mortality. By targeting these root causes.

Prevention is a cost-effective and powerful way to improve long-term health and reduce the burden on systems.

73. (C) The social and economic determinants of health, such as poverty and governance.
This United Nations program views health as a critical component of overall human development. It focuses on addressing the broad factors that influence well-being, such as economic status, education, and the quality of government services. By improving these underlying conditions, the program helps to create a society where people have a better chance of living healthy.

This development-focused approach is essential for achieving sustainable improvements in health outcomes worldwide.

74. (A) Managing a hospital's long-term care ward for elderly patients with dementia.
The specialized field of travel medicine is concerned with the health risks that individuals encounter when moving between different regions. This includes providing vaccinations for specific destinations, prescribing medications to prevent tropical diseases, and giving advice on safe food and water. Managing long-term care for the elderly is a separate medical discipline focused on aging.

Focusing on the unique needs of travelers is essential for preventing the international spread of disease.

75. (A) 1, 2, and 4
The current push for ensuring every person has access to medical services is a modern reflection of the long-standing vision of health for all. It builds on foundational principles like equity and the active participation of the community. Both strategies emphasize that health systems must be responsive to the actual needs of the people they serve.

This continuity shows how global health goals have evolved while maintaining their core values of fairness.

76. (B) A significant burden of disease from Alzheimer's and other dementias.
Developed nations typically have demographic profiles characterized by high life expectancy and an aging population. This results in a healthcare system that must address a high prevalence of conditions associated with old age. These diseases require sustained and specialized care, which represents a major portion of medical spending. In contrast, infectious diseases are less common.

Addressing the needs of an aging society is a primary challenge for modern health systems in these countries.

77. (C) Maintaining continuous and resilient health services.
The South East Asia region is highly susceptible to various environmental crises, including floods and earthquakes. These events can severely damage medical infrastructure and disrupt the supply of essential medicines. Ensuring that health systems can continue to function during and after such disasters is a major priority for the region. Building resilience involves planning.

Strong disaster preparedness is vital for protecting the health of populations in vulnerable geographic areas.

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78. (D) Providing antiretroviral treatment to 3 million people with HIV/AIDS in developing countries by 2005.
At the turn of the century, a major global initiative was launched to address the urgent need for treatment for a devastating viral epidemic. This program set a specific, time-bound target to significantly expand access to life-saving medications in less developed nations. It represented a massive coordinated effort between international health bodies and governments. By focusing.

This landmark initiative helped to demonstrate that widespread treatment in resource-poor settings was possible and effective.

79. (A) Both Statement I and Statement II are true.
Promoting the rights and empowerment of women has been a consistent priority in global development frameworks. Previous goals included a specific objective for gender equality, while the current agenda has expanded this focus across multiple targets. This reflects the understanding that achieving health and development goals is impossible without addressing gender disparities. By integrating these.

This comprehensive approach is essential for creating a more equitable and just society for everyone.

80. (B) Addressing inequalities within and among countries.
One of the key findings from the evaluation of previous global development efforts was that progress was not always evenly distributed. While national averages improved, some groups remained marginalized and did not see the same benefits. This lesson has led to a stronger focus on ensuring that development is inclusive and that no one is left.

Prioritizing the needs of the most vulnerable is essential for achieving true and lasting progress globally.

81. (B) PHC is considered the strategic approach to achieve the goal of UHC.
The relationship between primary care and universal coverage is one of means and ends. The foundational principles of equity and community involvement provide the practical strategy for building a health system that serves everyone. By strengthening the most basic level of healthcare, countries can move toward the goal of providing access to services without financial.

This integrated approach ensures that the health system is both effective and fair for the entire population.

82. (A) 2, 3, 1
The path of international health development is marked by several key conferences and agreements. A foundational declaration on primary care was established in the late nineteen-seventies. This was followed at the start of the next century by a set of goals for developing nations. Most recently, a more comprehensive and universal agenda for sustainable progress was.

Understanding this history helps to contextualize current global health strategies and their long-term objectives.

83. (C) The Global Fund to Fight AIDS, Tuberculosis and Malaria
This unique international body functions as a partnership between governments, the private sector, and civil society to address major health threats. Its primary role is to raise and distribute large amounts of funding to support programs that combat specific infectious diseases. It does not implement these programs directly but instead provides the financial resources.

Its innovative model has been critical for scaling up interventions and saving millions of lives globally.

84. (D) High prevalence of deaths from vaccine-preventable diseases in children.
In regions with developing economies, public health efforts are often focused on the most basic and preventable causes of illness. Reducing mortality among children is a top priority, and immunizations are one of the most effective ways to achieve this. These countries often face challenges with infectious diseases that are less common in wealthier nations. By.

Focusing on essential preventive services like vaccination is vital for improving overall population health in these regions.

85. (A) Both A and R are true and R is the correct explanation of A.
Nations in South East Asia are currently facing a complex health challenge known as the dual

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41. (C) It functions as a major financing source for health projects and health sector reform in developing countries.
This international financial institution plays a pivotal role in global health by providing the necessary capital for developing nations to improve their infrastructure. It offers low-interest loans and grants to support projects that strengthen health systems and improve service delivery. In addition to funding, it provides technical expertise to help governments implement effective health sector reforms. By.

Its involvement is essential for building the capacity of nations to manage their own health challenges.

42. (C) 2, 3, and 4
High-income countries face a specific set of health challenges that are distinct from those in poorer regions. Their health systems are often under pressure to provide care for an aging population with multiple chronic conditions. Additionally, mental health issues have become a significant and growing part of the national disease burden. Lifestyle-related diseases like diabetes and heart disease.

Developing effective strategies to manage these long-term health issues is a primary goal for these nations.

43. (D) The International Health Regulations (IHR)
Maintaining international health security requires a legally binding framework that allows countries to coordinate their efforts against global threats. This agreement sets out the responsibilities of nations to monitor and report public health events that could spread across borders. It aims to protect the global population while ensuring that international travel and trade are not unnecessarily hindered. By.

These regulations are a critical tool for preventing and managing outbreaks of infectious diseases worldwide.

44. (B) Emporiatrics
Travel medicine involves the systematic assessment of risks and the provision of preventive measures for individuals going to different ecological zones. Advising travelers on the use of medications to prevent infections like malaria is a fundamental aspect of this discipline. It ensures that individuals are protected against local pathogens they might not have immunity toward. This practice.

Proactive medical advice is essential for safeguarding the health of international travelers and preventing disease spread.

45. (C) Adoption of the Alma-Ata Declaration on Primary Health Care.
This particular year is celebrated as a major turning point in the history of global public health. A landmark agreement was reached that placed primary health care at the center of international health strategies. It emphasized that health is a fundamental right and that communities must be actively involved in their own care. This shifted the focus from.

The principles established during this conference continue to guide health policy and the push for universal coverage.

46. (C) Statement I is false but Statement II is true.
The contribution of this specialized United Nations agency to global health is focused on the foundational determinants of well-being. It does not typically engage in the direct provision of clinical medical services. Instead, it works to eliminate hunger and improve the standards of nutrition and food safety worldwide. By promoting sustainable agriculture and ensuring food security.

Its efforts are essential for preventing malnutrition and supporting the overall health of human populations.

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47. (A) Diseases associated with arctic climates, like frostbite.
Public health priorities in specific regions are determined by the local climate, environment, and social conditions. In South East Asia, the focus is naturally on tropical diseases, maternal and child health, and the rising burden of chronic conditions. Issues related to extreme cold are not significant concerns due to the geography of the member states. Resources are instead.

Aligning health interventions with regional needs is essential for the effective use of limited medical resources.

48. (A) P-4, Q-1, R-3, S-2
Various international health initiatives are defined by their specific timeframes and core philosophies. A landmark declaration on primary

Its work is essential for protecting rights and promoting health throughout the different stages of life.

93. (B) Both Both Statement I and Statement II are false.
Chronic, lifestyle-related conditions like diabetes and hypertension are increasingly becoming a global issue, but they remain a defining feature of the health profile of wealthier nations. Developing countries are more accurately characterized by a high burden of infectious diseases and issues related to maternal health. Wealthy nations do not typically face high rates of infectious.

Recognizing the different health challenges faced by nations is essential for designing effective public health policies.

94. (D) The World Health Organization's International Health Regulations
International travel requires adherence to specific health protocols to prevent the global spread of diseases. A standardized document exists to provide official proof that a traveler has received the necessary vaccinations, such as for yellow fever. This system is managed under a legal framework established by the primary international health body. Carrying this certificate is a.

These regulations are a critical component of maintain global health security in an increasingly mobile world.

95. (A) Individuals and communities are actively involved in planning and implementing their own health care.
A core principle of the primary care approach is that the people who use health services should have a voice in how they are delivered. This involves the active participation of communities in identifying their own health needs and developing solutions. When people are involved in their own care, services are more likely to be culturally.

This participatory approach is essential for building trust and ensuring that health services are truly effective.

96. (B) The goals apply to every country, rich or poor, and require collective action.
The current global agenda for sustainable development is based on the idea that every nation has a role to play in achieving its targets. Unlike previous efforts that focused primarily on poorer countries, these goals are relevant to everyone. This creates a sense of shared responsibility and encourages international cooperation to solve global problems. By.

This universal approach is necessary to address challenges that affect the entire planet and its people.

97. (B) Deaths in children under 5 from pneumonia and diarrhea.
Significant disparities in health outcomes are often observed when comparing nations with different levels of economic development. In poorer regions, infectious diseases and issues related to basic sanitation remain major causes of death, particularly among young children. Wealthier nations have largely been able to reduce these risks through better infrastructure and medical care. Addressing these.

Focusing on basic preventive and curative services is essential for improving child survival in less developed areas.

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98. (A) Dengue fever
The South East Asia region faces a major public health threat from diseases that are spread by mosquitoes. Rapid urbanization and changing environmental conditions have created ideal habitats for these insects, leading to frequent outbreaks. One particular viral infection has become a significant concern for health officials in many cities across the region. Managing this.

Effective vector control and community awareness are vital for reducing the impact of such infectious diseases regionally.

99. (C) International Monetary Fund (IMF)
Various international organizations have specialized mandates to address different aspects of global well-being. While several agencies are directly involved in health, child welfare, or reproductive rights, others focus primarily on financial stability and international trade. Understanding these different roles is important for recognizing which entities lead the global response to health challenges. Agencies with.

Specialized international bodies ensure that dedicated resources and expertise are applied to specific global issues.

100. (D) 2, 3, and 5
The history of global health is marked by several key frameworks that have guided international cooperation. These include a set of goals for the first fifteen years of this century and a more comprehensive agenda that succeeded them. A foundational concept that continues to be relevant is the importance of basic healthcare for all people.

These frameworks provide a roadmap for countries to improve their health systems and achieve better outcomes.

101. (C) Universal
The transition to the current global development agenda represents a significant shift toward inclusion. While previous efforts were focused primarily on the needs of poorer nations, the current goals are designed to be relevant to every country. This creates a shared responsibility for global progress and recognizes that sustainable development is a universal challenge. By.

This broad approach is essential for addressing the interconnected problems that affect the entire world population.

102. (A) Both A and R are true and R is the correct explanation of A.
Travel medicine involves assessing the specific risks associated with different geographic regions and providing preventive care. Malaria remains a serious threat in many parts of the world, making it a primary concern for international travelers. Providing advice on medications to prevent this infection is a core part of a pre-travel consultation. By.

Proactive medical advice is vital for protecting travelers and preventing the international transmission of serious diseases.

103. (D) Providing loans, grants, and technical assistance for health systems strengthening.
This international financial institution is a major source of funding for health projects in developing nations. It provides the necessary capital and expertise to help countries improve their medical infrastructure and service delivery. These efforts are designed to build the capacity of nations to manage their own health challenges effectively. By offering.

Its role is essential for supporting sustainable health development and improving outcomes in less developed regions.

104. (A) The ministry of health working with the ministry of education to promote health education in schools.
Improving public health requires collaboration across various government departments to address the different factors that influence well-being. This principle of working together across sectors ensures that health messages reach the population through different channels, such as the school system. Such partnerships are essential for promoting healthy behaviors and preventing disease. By.

This coordinated approach recognizes that health is not just the responsibility of the medical sector.

105. (B) P-3, Q-1, R-4, S-2
The current global framework for sustainable development includes several goals with specific focuses. These objectives address a wide range of issues, from eradicating poverty to ensuring healthy lives and promoting gender equality. Another goal is dedicated to ensuring access to clean water and sanitation for everyone. By addressing these.

These interconnected goals provide a comprehensive plan for improving human well-being and protecting the planet globally.

106. (A) The overuse and misuse of antibiotics in humans and agriculture.
The rise of resistant pathogens is a major global health threat, particularly in highly developed nations. This problem is driven by behavioral factors, such as the inappropriate use of medications in medical treatment and animal farming. When drugs are used incorrectly, it allows stronger bacteria to survive and spread. Addressing this.

Implementing better stewardship and regulation of these essential medicines is vital for maintaining their effectiveness worldwide.

107. (A) Both Statement I and Statement II are true.
The South East Asia region is home to a massive portion of the world's population, which presents unique public health challenges. It also carries a disproportionately high burden of certain

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infectious diseases that require coordinated international effort to control. Understanding the scale of these issues is essential for allocating resources and designing effective health programs.

Strong regional cooperation and international support are vital for addressing these significant health threats effectively.

108. (B) 'Traveler' and 'medical treatment'
The terminology used to describe the field of travel medicine is derived from classical language, reflecting its specialized focus. It specifically relates to the medical care and preventive measures provided to individuals who are moving between different geographic regions. This discipline addresses the unique health risks that travelers face. By.

Understanding the linguistic roots of medical terms can provide insight into their specific area of practice.

109. (C) The number of hospitals built.
The conceptual model for expanding health systems toward full coverage focuses on three key dimensions. These include identifying the people who are protected, the specific services they can access, and the portion of the costs that are covered. These axes ensure that the system is equitable and provides financial protection to the population. Building.

Focusing on these core dimensions is essential for systematically improving access to quality healthcare for everyone.

110. (A) 2, 4, 1, 3
The history of international cooperation is marked by the founding of several organizations that have shaped global health. An early humanitarian body was established in the nineteenth century, followed by a series of political and social organizations in the twentieth century. Most recently, specialized partnerships have been formed to address specific health needs.

Recognizing this historical sequence provides a broader context for the development of modern international health systems.

111. (B) 1, 3, and 4
The global development goals established at the turn of the century consisted of eight specific objectives focused on the needs of poorer nations. These goals had a clear target date and included a unique aim for building international partnerships for development. They were instrumental in mobilizing resources and achieving progress in key areas like poverty reduction.

This framework was a significant step toward coordinated international effort to improve the quality of human life.

112. (B) Médecins Sans Frontières (MSF)
This independent humanitarian organization is dedicated to providing medical assistance to populations in crisis, regardless of their political or social status. It operates based on the principles of impartiality and neutrality, which are essential for gaining access to territories affected by conflict. The organization's medical teams provide essential care and surgical services.

Its commitment to both clinical excellence and public advocacy is a defining characteristic of its humanitarian mission.

113. (B) Diarrheal diseases
In many less developed regions, the lack of clean water and proper sanitation remains a primary driver of illness and death. These conditions are directly linked to high rates of gastrointestinal infections, which are particularly dangerous for young children. Improving basic infrastructure is one of the most effective ways to reduce this disease burden. By providing.

Access to safe water and hygiene is a fundamental requirement for promoting health and preventing preventable deaths.

114. (A) Health care that is practical, scientifically sound, and socially acceptable.
The foundational approach to making healthcare accessible to everyone emphasizes the use of methods that are both effective and culturally appropriate. It rejects the idea that high-quality care must always be expensive or high-technology. Instead, it focuses on providing essential services that are sustainable and affordable for the entire community. By using.

This practical philosophy is essential for building equitable and effective health systems in all countries.

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strengthening medical services and improving the quality of care in less developed nations. By offering.

Its involvement is vital for supporting long-term health sector development and improving global health outcomes.

144. (B) Managing chronic non-communicable diseases and conditions related to aging.
The health systems of highly developed nations are characterized by a focus on the needs of older citizens and the long-term management of chronic conditions. These countries typically have low rates of infectious disease and high life expectancy, leading to a large portion of the budget being spent on heart disease, cancer, and dementia. These issues require sustained medical.

Adapting healthcare to meet the demands of an aging population is a primary challenge for these nations.

145. (B) Child mortality.
The targets established at the turn of the century led to significant coordinated international efforts that achieved measurable progress in human health. One of the greatest successes was the substantial reduction in the number of deaths among children under five. This was accomplished through improved immunization, better nutrition, and expanded access to basic medical services. By focusing.

This achievement demonstrates the power of setting clear, time-bound goals for global human development and health.

146. (A) A health development agency of a single government that provides aid to another country's government.
International aid can be delivered through various channels, and one common model involves direct cooperation between two specific nations. This type of agency represents the developmental efforts of a donor country to support the health system of a recipient nation. This differs from global organizations that are funded by many countries and work worldwide. These partnerships often.

Understanding these different models of cooperation is important for analyzing the flow of international health assistance.

147. (C) A disease-specific program with its own dedicated staff and funding.
Public health interventions can be structured in different ways depending on the specific goal. One approach focuses on a single disease, such as polio or malaria, using specialized staff and independent funding. While these programs can be very effective in the short term, they are sometimes criticized for not building the overall capacity of the health system. By.

Balancing specialized interventions with the strengthening of general health services is a key challenge for planners.

148. (D) A uniquely low prevalence of diabetes compared to the rest of the world.
The South East Asia region is currently facing a rapid increase in the prevalence of chronic, lifestyle-related conditions. Diabetes is a major public health concern across the region, driven by changes in diet, activity levels, and urbanization. It is incorrect to suggest that these rates are low; in fact, they are among the highest globally. Managing this.

Implementing effective strategies to prevent and manage chronic diseases is vital for the region's long-term health.

149. (A) Both A and R are true and R is the correct explanation of A.
The process of creating the current global agenda for human progress was significantly more inclusive than previous efforts. It involved years of consultations with people from all walks of life, including civil society and the private sector. This broad participation was intended to ensure that the goals address the real needs of people and have widespread support. By.

This inclusive design is essential for achieving a more equitable and sustainable future for everyone.

150. (B) 2, 4, and 5
The historic agreement reached in 1978 established a new direction for global health by emphasizing the importance of basic care for all people. This declaration was a joint effort between two major international bodies and highlighted the need for community participation and cooperation between different sectors. It rejected top-down approaches in favor of community-based services. By focusing.

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mandates. There are also bilateral agencies that represent partnerships between two governments and independent humanitarian organizations. Understanding these.

Recognizing the different types of international health entities is important for understanding how global aid is managed.

123. (D) Managing the high cost of long-term care for an aging population.
Highly industrialized nations have health systems that are increasingly focused on the needs of older citizens. This demographic shift brings a high prevalence of chronic conditions that require sustained and expensive medical attention. Ensuring that long-term care remains affordable and accessible is a major challenge for these countries. Unlike in poorer regions, infectious diseases are.

Adapting health services to meet the demands of an aging society is a primary goal for modern healthcare planners.

124. (B) 2, 3, and 5
Nations in South East Asia are currently managing a complex health landscape where traditional and modern threats coexist. Vector-borne illnesses like dengue continue to be major public health concerns, while the rise of chronic conditions like heart disease is straining resources. Mental health has also been recognized as an increasingly important area that requires attention. By.

Implementing comprehensive health policies that address these diverse issues is essential for improving regional outcomes.

125. (C) The attainment of a level of health that allows for a socially and economically productive life.
The foundational vision for global health is centered on the idea that every person should have a standard of physical and mental well-being that enables them to fully participate in their community. This goal is about more than just the absence of disease; it is about human potential and dignity. It requires health systems to be equitable and.

This ambitious vision remains a major guiding principle for international health strategies and policies worldwide.

126. (D) Strong emphasis on the interconnectedness of goals and the inclusion of environmental sustainability.
The current global development agenda represents a significant improvement over previous frameworks by recognizing how different sectors are linked. It emphasizes that health cannot be achieved without also addressing poverty, education, and the health of the planet. This integrated approach ensures that progress in one area supports progress in others. By including.

This holistic perspective is essential for creating a more sustainable and equitable future for everyone.

127. (A) Advising a business traveler on food safety precautions for a trip to Southeast Asia.
Travel medicine involves the proactive management of health risks associated with international movement. One of the most common activities in this field is providing advice on how to avoid illnesses that are spread through contaminated food and water. This preventive counseling is essential for protecting the health of individuals when they visit different ecological settings. By.

Proactive medical advice is a vital component of travel medicine and helps to ensure a safe journey.

128. (C) Statement I is false but Statement II is true.
This specialized agency of the United Nations is dedicated to promoting the rights and well-being of young people throughout the world. Its mandate includes providing both humanitarian and developmental assistance to ensure that every child has a fair chance in life. This work covers a wide range of areas, including nutrition, health, and protection from violence.

Its efforts are essential for building a better future for the most vulnerable members of society globally.

129. (B) A health system that is well-equipped and financed to handle both burdens simultaneously.
Many nations are currently struggling to manage the overlapping challenges of traditional and emerging diseases. This dual burden places an immense strain on health systems that often have limited resources and staff. While infectious diseases remain a threat, the rapid rise of chronic

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conditions like diabetes requires long-term management that these systems are not always prepared.

Strengthening health infrastructure and financing is vital for effectively addressing this complex regional health challenge.

130. (A) Universally accessible and based on community participation.
The primary care approach is based on the principle that essential health services must be available to every person in the community. This involves making services affordable and ensuring that the people who use them have a voice in how they are delivered. When communities are involved in their own health planning, the results are more likely.

This inclusive and participatory model is fundamental for achieving equity and improving health outcomes for everyone.

131. (C) The SDGs are designed to be "siloed," with each goal pursued in isolation.
The current framework for global progress is intentionally designed to be integrated and indivisible. This means that each objective is linked to the others, and success in one area depends on success in another. This holistic approach rejects the idea that problems like health, poverty, and climate change can be solved separately. By encouraging.

This interconnected strategy is essential for achieving truly sustainable development that benefits all people and the planet.

132. (D) Geneva, Switzerland
The primary international body for health has its central administrative offices located in a city that is a major hub for international diplomacy. This location allows for close collaboration with other global organizations and governments to coordinate health policies and responses. From this headquarters, the organization provides leadership and technical support to its member states worldwide.

This center of global health governance is essential for aligning international efforts to improve well-being.

133. (A) Both A and R are true and R is the correct explanation of A.
The differences in how long people live in different parts of the world are often a reflection of their living conditions and access to services. Wealthier nations typically have better nutrition, sanitation, and medical care, which leads to a lower burden of infectious diseases. These factors contribute to a significantly higher average life expectancy compared to poorer nations.

Improving these foundational health determinants is essential for reducing global disparities and ensuring everyone lives a long life.

134. (B) To promote reproductive and sexual health and rights.
This United Nations agency is dedicated to ensuring that every individual has the power to make their own choices about their body and their future. Its primary focus is on providing universal access to reproductive health services and protecting the rights of women and young people. By addressing issues like safe motherhood and gender equality, it contributes.

Its work is essential for upholding human dignity and promoting sustainable development worldwide.

135. (C) 2, 3, and 4
Achieving full health coverage requires a sustainable way to fund medical services and protect people from high out-of-pocket costs. These costs can be a major barrier that prevents individuals from seeking the care they need. Financial protection is a central pillar of this goal, and it can be reached through different models, such as insurance or taxes.

Building a fair and efficient financing system is essential for providing equitable healthcare to all citizens.

136. (A) Communicable, maternal, neonatal, and nutritional conditions.
Nations with developing economies typically face a health profile that is dominated by issues linked to poverty and inadequate basic services. These include high rates of infectious diseases, challenges with maternal and infant health, and widespread nutritional gaps. These problems require foundational improvements in sanitation,

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nutrition, and primary medical care to resolve. In contrast, wealthier nations have already.

Addressing these basic health needs is the most urgent priority for medical systems in less developed regions.

137. (C) The need to strengthen health systems to progress towards Universal Health Coverage.
Improving health outcomes in South East Asia requires a focused effort on building more resilient and effective medical systems. This involves ensuring that every person can access quality services without facing financial ruin. Strengthening primary care and improving the health workforce are essential steps toward reaching this goal. By creating sustainable financing and better infrastructure, countries can.

This commitment to system strengthening is vital for achieving equitable health for all regional populations.

138. (A) Prevent, protect against, control, and provide a public health response to the international spread of disease.
Maintaining international health security requires a coordinated effort between nations to manage risks that could cross borders. A set of legally binding rules provides a framework for monitoring and reporting public health events while minimizing interference with trade and travel. These regulations ensure that the international community is prepared to respond effectively to outbreaks and other threats. By.

These international standards are essential for protecting the global population from the spread of infectious diseases.

139. (D) It advocated for a vertical, disease-centered approach to healthcare.
The historic agreement reached in 1978 redefined international health strategy by championing a comprehensive and horizontal model of care. It emphasized that health is a human right and that the most effective way to achieve it is through primary care that involves the whole community. This approach rejected narrow, disease-specific programs in favor of integrating various services. By.

This foundational philosophy continues to be a major influence on global health policy and equity today.

140. (B) Sustainable development in its three dimensions – economic, social, and environmental.
The shift from previous development efforts to the current global agenda represents a major expansion in scope and vision. It recognizes that true progress requires a balanced approach that addresses social well-being, economic growth, and the protection of the environment. This integrated strategy acknowledges that these areas are deeply linked and cannot be achieved in isolation. By targeting.

This comprehensive framework is essential for creating a better and more sustainable future for everyone globally.

141. (B) P-3, Q-4, R-2, S-1
Various international health initiatives and agencies are known by specific acronyms that reflect their primary function. One set of goals provides a roadmap for sustainable progress, while another foundational approach focuses on making basic care accessible to everyone. There are also organizations dedicated to child welfare and legal frameworks for managing international health risks. Understanding these terms.

This common language is essential for international cooperation and the coordination of global health efforts.

142. (D) Required and recommended immunizations for the travel destination.
Travel medicine is a specialized discipline that addresses the health risks individuals face when moving between different ecological and social settings. A central part of this practice is determining which vaccinations are necessary based on the destination. This ensures that travelers are protected against local pathogens and prevents the international spread of disease. By providing this.

Proactive medical consultation is essential for maintaining the health of international travelers and global security.

143. (C) Statement I is false but Statement II is true.
While it is not a specialized health agency, this international financial institution is a major player in global development. It provides loans, grants, and technical support to countries to help them build their infrastructure, including healthcare systems. This funding is essential for

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115. (C) A select few diseases and population groups (e.g., mothers and children).
The current global health agenda represents a significant expansion in focus from previous frameworks. While earlier efforts targeted specific issues like maternal mortality and major epidemics, the current goals aim to ensure well-being for all people throughout their lives. This more holistic approach recognizes that health is essential for every age group and population. By.

This comprehensive strategy is vital for achieving a truly inclusive and healthy global society.

116. (C) Statement I is true but Statement II is false.
As nations progress economically, they typically experience a shift in their health profiles from infectious to chronic conditions. This process is correctly identified as the epidemiological transition. While demographic changes like aging also occur, the shift in the types of diseases causing mortality is the primary characteristic of this specific transition. Understanding these trends.

Recognizing the different types of transitions helps health planners to adapt their systems to changing population needs.

117. (C) Emporiatrics
Travel medicine is a specialized discipline that focuses on managing the health risks associated with international human mobility. This involves detailed assessments where a clinician identifies potential hazards based on the traveler's specific itinerary. Proactive measures, such as providing vaccinations and prescribing preventive medications, are central to this practice. It also includes.

Pre-travel counseling is a vital service that helps to protect individuals and maintain global health security.

118. (B) Policies to reduce salt, sugar, and tobacco consumption.
Addressing the rising tide of chronic illnesses in South East Asia requires a focus on the behavioral factors that drive these conditions. Public health strategies that target the high consumption of certain substances and encourage better nutrition are essential. These policies aim to reduce the prevalence of risk factors for heart disease and diabetes across the entire population.

Implementing population-wide preventive measures is a cost-effective way to improve health and reduce the burden on systems.

119. (D) United Nations Development Programme (UNDP)
This United Nations agency plays a critical role in the coordinated international response to major epidemics. It focuses on the broader development issues that influence health outcomes, such as poverty and inequality. By addressing these social and economic factors, the program helps to reduce the impact of serious diseases and improve the well-being of affected communities.

Its collaborative approach is essential for achieving a more integrated and effective global response to health crises.

120. (A) Both A and R are true and R is the correct explanation of A.
The landmark agreement reached in 1978 redefined the role of health in society by declaring it a fundamental human right. This document emphasized that achieving health for all requires more than just medical care; it involves fairness and the participation of everyone. It established primary health care as the essential strategy to achieve these goals. By.

This visionary declaration continues to be a major influence on global health policy and equity.

121. (C) The Sustainable Development Goals (SDGs)
Current global strategies for improving the well-being of specific population groups are designed to align with a broader international agenda. This comprehensive framework for human progress includes targets for health, gender equality, and sustainable development. By integrating specialized strategies into this larger plan, the international community can ensure a more coordinated and effective effort.

This unified approach is vital for achieving lasting improvements in the quality of life for all people.

122. (A) P-3, Q-4, R-1, S-2
International health is supported by various organizations that are classified based on their structure and funding. Some are specialized agencies of the United Nations, while others function as funds or programs with dedicated

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These foundational principles continue to guide international efforts to achieve health equity and universal coverage.

151. (D) Providing pre-travel health advice and vaccinations.
Travel medicine is a specialized field of clinical practice that addresses the health risks associated with international movement. A primary component of this discipline is the proactive assessment of hazards based on a traveler's specific itinerary. This includes recommending necessary vaccinations and other preventive measures to ensure a safe journey. This service is essential for protecting the health.

Pre-travel consultation is a vital part of safeguarding individuals and maintaining global health security worldwide.

152. (A) A renewed global commitment to the "Health for All" vision, with a stronger emphasis on access, quality, and financial protection.
The transition toward full health coverage represents a modern evolution of the long-standing vision of equity in healthcare. It builds on the foundational principles of primary care while introducing a more rigorous focus on ensuring people can access quality services without financial ruin. This approach integrates the spirit of health for all into a practical roadmap for the.

It serves as a guiding framework for building more resilient and fair health systems globally.

153. (C) The coexistence of undernutrition, such as stunting, alongside overnutrition, such as obesity, in populations.
Many nations are currently facing a complex health challenge where different nutritional problems are present within the same community. This paradoxical situation occurs when some groups suffer from a lack of adequate food while others are increasingly affected by obesity and related chronic conditions. This phenomenon is often driven by rapid economic changes and shifts in diet. Effectively addressing.

Comprehensive nutritional policies that target both ends of this spectrum are essential for improving population health.

154. (A) 2015
The framework established at the turn of the century to address global challenges had a specific, fifteen-year timeframe for achieving its objectives. These targets were focused on the most pressing issues in poorer nations, such as poverty and maternal mortality. The completion of this period led to the adoption of a more comprehensive and universal agenda for human development.

This time-bound approach helped to mobilize international resources and track progress toward key health goals.

155. (B) Both Both Statement I and Statement II are false.
Every major international organization has a specialized role within the global development landscape. One agency is mandated to set international health norms and standards, while another serves as a financial institution that provides loans for developmental projects. It is important to correctly identify these mandates to understand how international aid is managed. Misidentifying these roles can lead to.

Clear mandates ensure that each agency can effectively address its specific area of international responsibility.

156. (B) Non-communicable diseases like heart disease, stroke, cancer, and dementia.
In highly developed nations, the leading causes of death have shifted toward chronic conditions associated with long-term survival and modern lifestyles. High life expectancy means that more people are affected by heart disease and neurodegenerative disorders that require continuous medical care. These nations have largely controlled the infectious diseases that are still major threats in poorer regions. By.

Addressing the challenges of chronic disease and aging is a primary focus for modern medical systems.

157. (C) 11
The primary international health body organizes its work through various regional offices, one of which serves a specific group of nations in Asia. This particular region is composed of eleven member states that collaborate on various public health challenges. Together, these countries

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work to address issues such as infectious disease outbreaks and the rising burden of chronic.

Regional cooperation is essential for addressing the shared health threats faced by these diverse nations.

158. (D) WHO

International health aid can be delivered through various types of agencies, and one important model involves organizations funded by many nations that operate on a global scale. This type of agency represents a collaborative effort of the international community to address health issues everywhere. It differs from bilateral agencies that represent the efforts of a single donor nation.

These multilateral organizations are essential for setting global health standards and coordinating international responses.

159. (A) The WHO Constitution (1946)

The idea that every human being has a right to the highest attainable standard of health was first officially established shortly after the second world war. This principle was included in the founding document of the primary international health body and has since become a cornerstone of global health policy. It emphasizes that health is essential for peace and security.

This fundamental commitment continues to guide international efforts to achieve equity and improve human well-being.

160. (D) 1, 2, 3 and 4

The primary care approach is based on the idea that basic healthcare must be the first point of contact for everyone. This model emphasizes that services should be affordable for the entire community and that the people themselves should be involved in their own care. It also requires coordination with other areas like agriculture and education to improve health.

These core principles are essential for building a health system that is both effective and fair.

161. (B) Leave no one behind.

The central commitment of the current global agenda for human progress is the focus on reaching the most marginalized and vulnerable populations first. This ensures that development is inclusive and that its benefits reach everyone, regardless of their status. It encourages a shift from national averages toward addressing deep-seated inequalities. By making this promise, the international community.

Prioritizing the needs of those furthest behind is essential for achieving a truly sustainable and equitable future.

162. (B) P-3, Q-4, R-1, S-2

Various health frameworks and concepts are defined by their specific focus and terminology. One set of goals provided a roadmap for development in the early years of this century, while another foundational approach focuses on ensuring equitable access to care. There are also disciplines dedicated to travelers and terms for the coexistence of multiple health burdens within a population.

Understanding these common terms is vital for discussing and addressing the complex challenges of global health.

163. (A) Both A and R are true and R is the correct explanation of A.

The health challenges faced by different nations are becoming more similar as lifestyle changes and urbanization occur worldwide. While poorer countries still struggle with infectious diseases, they are also seeing a rapid rise in the same chronic conditions that affect wealthier nations. This trend is driven by globalization and changes in how people eat and live. By.

Recognizing this convergence is essential for designing global health strategies that address both acute and chronic threats.

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164. (D) SDG 18: Colonization of Mars

The current global agenda for sustainable development consists of seventeen specific objectives that address a wide range of human needs and environmental challenges. These goals cover areas such as health, climate action, and gender equality, and they are designed to be achieved by the end of this decade. While the agenda is ambitious, it focuses on the planet and.

These goals provide a comprehensive and practical plan for building a better future for everyone on Earth.

165. (C) Smallpox

The total elimination of a serious human disease is a monumental achievement in the history of public health. This was accomplished through

a massive coordinated international effort that combined widespread vaccination with a focused search and containment strategy. The success of this campaign demonstrated the power of international cooperation and remains a major inspiration for current global health initiatives. By.

This landmark victory in 1980 serves as a powerful reminder of what can be achieved through science.

166. (B) The unregulated availability and overuse of antibiotics in humans and animal husbandry.
The rise of resistant pathogens is a major health concern in South East Asia, where behavioral factors drive the spread of these dangerous germs. Inappropriate use of essential medicines in both medical care and farming allows stronger bacteria to survive and multiply. Addressing this issue requires better regulation and a more responsible approach to the use of these drugs.

Protecting the effectiveness of current medicines is vital for the long-term health and security of all nations.

167. (D) Its mandate is to protect victims of international and internal armed conflicts.
This independent humanitarian organization has a unique role in international law and is dedicated to helping people affected by war and violence. It operates based on the principles of neutrality and impartiality, which allow its teams to provide aid on all sides of a conflict. The organization's work focuses on protecting human life and dignity in crisis.

Its commitment to providing assistance in the most difficult circumstances is a defining characteristic of its mission.

168. (C) Statement I is false but Statement II is true.
The goal of ensuring every person has access to healthcare is not about providing everything for free; it is about ensuring that people do not face financial ruin. Countries can achieve this objective through various models of funding and service delivery that fit their own contexts. The key is that the system must provide high-quality services and protect citizens.

This flexible approach allows every nation to develop a health system that is both effective and equitable.

169. (C) Health for All by the Year 2000
The historic conference in Kazakhstan established an ambitious target for the international community to significantly improve the health of every person by the turn of the century. This vision was based on the belief that health is a human right and that basic services must be available to everyone. It promoted the idea that achieving this goal requires.

This slogan became a powerful call for action and continues to influence global health strategies today.

170. (A) To ensure sustainable energy for all.
The targets established at the turn of the century to address global challenges were focused on eight specific areas of human development. These objectives included eradicating poverty and hunger, promoting gender equality, and improving health outcomes. While environmental issues were considered, the specific goal for energy was not part of this earlier framework. It was later added to the.

These clear and focused goals helped to mobilize international resources and achieve significant progress in key areas.

171. (D) It focuses on the broader development context of health, addressing issues like poverty, governance, and environment as determinants of health.
This United Nations program views human well-being through the lens of overall development. It recognizes that health outcomes are deeply influenced by factors like economic status and the quality of government services. By addressing these underlying causes, the program helps to create a society where people have a better chance of living healthy and productive lives. Its work.

This broad perspective is essential for achieving lasting and sustainable improvements in health outcomes worldwide.

172. (B) Include goals on peace, justice, and strong institutions (e.g., SDG 16).
The transition to the current global development framework represented a major expansion in vision. It recognizes that sustainable human progress requires more than just economic growth and social services; it also requires peaceful societies and fair institutions. By including these broader issues, the agenda provides a more

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187. (D) The Alma-Ata Declaration on Primary Health Care
The foundational principles for building a health system that provides access to everyone are rooted in the visionary agreement reached in 1978. This declaration emphasized that health is a fundamental right and that achieveing fairness requires essential services to be available to all. It identified primary care as the primary approach for reaching these goals. By building on.

These core values of equity and participation continue to be the foundation for current global health goals.

188. (B) MDG 4 - Reduce child mortality
The targets established at the turn of the century to address global challenges included several specific objectives for improving human health. One goal was dedicated to substantially decreasing the number of deaths among children under five. This was accomplished through focused international efforts on immunization, nutrition, and expanded medical care. By setting clear, measurable targets, the international community.

These goals helped to mobilize resources and achieve significant improvements in global health and child survival.

189. (B) Shaping the health research agenda and setting norms and standards.
As the specialized agency of the United Nations for health, this organization provides critical leadership on global health matters. Its role includes establishing international standards for clinical practice and public health policies that guide governments worldwide. The agency also monitors global health trends and coordinates the international response to emergencies. By providing this technical expertise and direction, it.

Its leadership is vital for aligning international efforts to improve human well-being and health security.

190. (D) 1, 2, 3 and 4
The evolution of global development frameworks has led to a more comprehensive and inclusive approach to international progress. The current agenda expanded the number of goals and shifted the focus from just poorer countries to every nation. It also recognizes that true development requires a balanced approach that addresses economic, social, and environmental issues. This universal framework was.

This integrated and inclusive strategy is essential for achieving lasting improvements in the quality of human life.

191. (A) Emporiatrics
Travel medicine is a specialized discipline that focuses on the health risks associated with international movement between different geographic and ecological zones. This includes providing pre-travel advice on vaccinations, food safety, and medications to prevent local diseases. Practitioners assess the specific hazards for individuals based on their itinerary and health status. This practice ensures that travelers are protected.

Proactive medical consultation is essential for safeguarding individuals and maintaining health security in a globalized world.

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192. (B) FAO
Human well-being is deeply influenced by the availability and safety of the food people eat. This specialized international agency is dedicated to lead efforts to defeat hunger and improve nutritional standards worldwide. It works with governments to enhance food security and develop sustainable agricultural practices. By ensuring that populations have access to safe and nutritious food, it contributes.

Its work is essential for preventing malnutrition and supporting the overall health and productivity of global populations.

193. (C) Statement I is false but Statement II is true.
Many nations are currently facing a complex health challenge known as the dual burden of disease. This occurs when a country must manage a high prevalence of infectious illnesses while also seeing a rapid rise in chronic, lifestyle-related conditions. This situation places an immense strain on health systems that must allocate limited resources to both acute and long-term care.

Effectively addressing this dual challenge is vital for improving health outcomes and achieving universal health coverage.

Its efforts are essential for building a healthy foundation for the next generation of global citizens.

180. (C) I false, II true.
Nations with developing economies typically face a health landscape that is defined by issues linked to poverty and limited access to basic services. These include significant rates of infectious disease, nutritional gaps, and challenges with maternal and infant health. It is incorrect to suggest that chronic conditions are the primary challenge; they are rising but infectious issues remain urgent.

Addressing these basic health needs is the most urgent priority for health systems in less developed regions.

181. (C) To prevent and respond to the international spread of disease with minimal interference to trade and travel.
Maintaining international health security requires a coordinated effort to manage risks that could potentially cross borders. A set of legally binding rules provides a framework for nations to monitor and report public health events while ensuring that global movement is not unnecessarily restricted. These regulations allow the international community to respond effectively to outbreaks and other threats. By.

These international standards are essential for protecting the global population and maintaining the safety of international travel.

182. (B) 1978
This particular year is celebrated as a major turning point in global health history because of a landmark conference held in Kazakhstan. A visionary declaration was adopted that redefined health as a human right and primary care as the key to achieving it. This agreement shifted the focus of international health strategy toward community-based services and equity. By.

The principles established during this historic meeting continue to guide global health policies and strategies today.

183. (A) Both A and R are true and R is the correct explanation of A.
The current global agenda for sustainable development recognizes that achieving its ambitious targets requires a massive coordinated effort. No single government or organization can solve complex problems like poverty, climate change, and health issues alone. Success depends on building strong partnerships between various groups, including civil society and the private sector. By working together across borders and.

This collaborative spirit is essential for mobilizing the resources and expertise needed for global human progress.

184. (A) New York
The primary administrative offices for the United Nations agency dedicated to children are located in a major center of international diplomacy. This location allows the organization to work closely with other international bodies and governments to advocate for the rights and well-being of young people. From this headquarters, the agency coordinates its worldwide operations to provide assistance to.

This center of global advocacy is essential for promoting the survival and healthy development of children everywhere.

185. (C) Communicable diseases like malaria and cholera are the main causes of death.
In highly industrialized nations, the leading causes of death are chronic, non-communicable conditions like heart disease and cancer. These countries have largely been able to control the infectious diseases that remain major threats in poorer regions. High levels of economic development and robust healthcare systems mean that mortality is dominated by issues associated with long lifespans and modern lifestyles.

Recognizing these different disease profiles is essential for designing effective public health and medical policies.

186. (A) Pakistan
The international health body organizes its work through various regional offices, each serving a specific group of nations. While many countries in South and South East Asia are part of one particular regional office, some neighbors are categorized differently based on geographic and administrative divisions. Understanding these regional structures is important for recognizing how international health policies are.

Regional coordination allows nations to work together on the shared health threats that affect their populations.

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Clear definitions of medical disciplines ensure that patients receive the most appropriate and specialized care.

230. (A) P-4, Q-1, R-2, S-3
Various global health initiatives and organizations are characterized by their specific focuses and mandates. Some foundational concepts are centered on the vision of health for all, while others provide a comprehensive roadmap for development or a specialized focus on child survival. There are also international financial institutions that play a major role in funding health system development. Understanding these.

This common framework is essential for international cooperation and the coordination of global health efforts.

231. (D) The rapid pace of epidemiological and demographic transition.
Nations in South East Asia are experiencing a swift shift in their health and population profiles as they develop economically. This rapid change means that they must manage persistent infectious diseases while also seeing a sudden rise in chronic conditions like heart disease. The speed of this transition often exceeds the capacity of health systems to adapt, creating a complex dual.

Effectively managing this rapid shift is a major challenge for healthcare planners in the region today.

232. (A) Developed countries often grapple with the costs of advanced technology and an aging population, while developing countries struggle with basic infrastructure and infectious diseases.
Significant differences exist between the health systems of nations with different economic levels, reflecting their unique challenges. Wealthier countries must manage the high expenses of modern medical technology and provide care for a larger number of elderly citizens with chronic conditions. In contrast, poorer nations often face urgent problems with basic sanitation, nutrition, and preventable infectious diseases. By understanding these.

Recognizing these distinct challenges is essential for designing health policies that meet the needs of all nations.

233. (C) Reduce the most extreme forms of human poverty by 2015.
The global framework established at the turn of the century aimed to address the most urgent challenges faced by developing nations within a fifteen-year timeframe. Its primary objective was to significantly decrease the number of people living in extreme hunger and poverty worldwide. This goal served as a centerpiece for international aid and mobilized significant resources for development. By setting.

This focused approach was a major step toward coordinated international effort to improve the quality of life.

234. (A) Global health security.
Maintaining international health security requires a coordinated effort to manage risks that could potentially cross borders. A set of legally binding rules provides a framework for nations to monitor and report public health events while minimizing interference with global trade and travel. These regulations ensure that the international community is prepared to respond effectively to outbreaks and other threats. By protecting.

These international standards are essential for safeguarding the global population from the spread of infectious diseases.

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235. (D) Everyone has access to the health services they need, when and where they need them, without financial hardship.
The primary goal of a fair healthcare system is to remove the barriers that prevent people from seeking necessary care. This means that services should be available based on need rather than the ability to pay, ensuring that access is equitable for everyone. It also involves protecting individuals and families from high costs that can lead to financial ruin. By building.

Achieving this vision is fundamental to upholding the right to health and promoting overall social equity.

236. (B) UNFPA
This specialized United Nations agency is dedicated to ensuring that every individual has access to reproductive health services and that every pregnancy is wanted. Its mandate also includes promoting gender equality and addressing issues related to population dynamics,

194. (A) P-2, Q-4, R-3, S-1
The history of global health is marked by several key agreements and frameworks established at different times. A founding constitution for international health was created shortly after the second world war, followed decades later by a visionary declaration on primary care. At the turn of the century, a set of goals for development was launched, leading eventually to the current.

Recognizing this chronological sequence provides insight into the evolution of global health policies and strategies.

195. (C) Disease-oriented, hospital-centric, and inequitable.
The historic shift in global health strategy that occurred in the late nineteen-seventies called for a move away from expensive and specialized medical systems. This new approach prioritized basic services that are accessible and fair for the entire population. It emphasized the importance of prevention and community participation rather than just treating end-stage diseases in hospitals. By focusing on.

This practical and equitable model is essential for building effective health systems that serve everyone.

196. (D) A set of aspirational goals that are integrated and indivisible.
The current global agenda for sustainable progress consists of seventeen objectives that are designed to be achieved by every nation. These goals are not legally binding treaties but serve as a powerful framework for guiding international cooperation and national policies. They recognize that human well-being, economic growth, and environmental protection are deeply linked. By following this holistic plan.

This comprehensive framework is essential for building a better and more sustainable future for everyone.

197. (C) Providing large-scale, long-term development loans.
The primary international body for health has a mandate to set norms, monitor trends, and provide technical support to countries. While it is essential for guiding global health policy, it is not a financial institution that provides capital for large-scale infrastructure projects. Those roles are instead filled by international banks that offer loans and grants. Understanding these.

Clear mandates ensure that each international organization can effectively address its specific area of global responsibility.

198. (B) Developed countries
Nations with high levels of economic development typically have health profiles that are defined by the needs of an aging population. High life expectancy and low rates of infectious disease mean that the majority of medical care is focused on managing long-term conditions like diabetes and heart disease. These chronic issues require sustained resources and integrated care systems. In.

Adapting healthcare to meet the demands of an aging society is a primary focus for modern medical planners.

199. (D) Universal Health Coverage
Improving health outcomes in South East Asia is hindered by the high portion of medical costs that individuals must pay themselves. These expenses can be a major barrier that prevents people from seeking the care they need and can lead to financial ruin. Achieving a system where everyone can access quality services without financial hardship is a major goal.

Building fair and sustainable financing mechanisms is vital for ensuring that health services are accessible to all.

200. (D) 1, 2, 3, 4, and 5
The global frameworks for human progress have evolved from a focused set of eight goals to a more comprehensive agenda of seventeen. These goals have specific target dates and reflect a shift from being relevant only to poorer nations to being applicable universally. This inclusive approach recognizes that sustainable development is a shared responsibility for every country. By following.

These frameworks provide a roadmap for international cooperation and national policies to improve human well-being globally.

201. (C) UNICEF
This specialized United Nations agency is dedicated to promoting the rights and well-being of young people throughout the world. It regularly publishes comprehensive reports

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nations to manage their own health challenges and improve outcomes for their.

Its involvement is essential for supporting sustainable health development and strengthening systems in less developed regions.

216. (B) Both Statement I and Statement II are false.
Demographic profiles are closely linked to the level of economic development within a country. Wealthier nations are typically characterized by low birth rates and an aging population, which leads to a higher prevalence of chronic conditions. In contrast, poorer nations often exhibit high fertility rates and a younger population structure, with higher mortality from infectious diseases. Correctly identifying these demographic.

Recognizing these differences is essential for designing public health policies that meet the specific needs of populations.

217. (B) Progress on one goal can support progress on others, and they are interconnected.
The current global agenda for human progress is based on the understanding that different sectors of development are deeply linked. This means that success in improving health outcomes is influenced by factors like education, economic status, and environmental protection. An integrated approach ensures that policies in one area benefit others, leading to more efficient and sustainable progress. By encouraging.

This holistic perspective is essential for addressing the complex and interconnected challenges of the modern world.

218. (A) Emporiatrics
Travel medicine is a specialized discipline that addresses the health risks associated with international movement across different ecological zones. This includes providing vaccinations and preventive medical advice to individuals, such as personnel being deployed abroad. Practitioners assess the specific hazards for these individuals based on their itinerary and health status to ensure they remain healthy and safe. This practice ensures.

Proactive medical consultation is a vital component of safeguarding individuals and maintaining health security worldwide.

219. (D) The International Committee of the Red Cross (ICRC)
Various international organizations have specialized mandates to address global challenges, but not all are part of the United Nations system. While several agencies focus on health, population, or child welfare within the UN framework, there are also independent humanitarian bodies with a unique status in international law. Understanding these different institutional structures is important for recognizing how international aid and protection.

Clear institutional identities ensure that each organization can effectively carry out its specific mandate globally.

220. (A) Both A and R are true and R is the correct explanation of A.
The central commitment of the current global agenda for development is to reach the most marginalized and vulnerable populations first. This ensures that progress is measured not just by national averages, but by the improvement of those furthest behind. It encourages an inclusive approach that addresses all forms of inequality and provides equal opportunities for everyone. By prioritizing the needs.

This transformative promise is essential for achieving a more equitable and sustainable world for everyone.

221. (C) It has a significant burden of both communicable and non-communicable diseases.
Nations in South East Asia are experiencing a complex health landscape where traditional and modern threats overlap. While they continue to grapple with persistent infectious diseases, they are also seeing a rapid rise in chronic, lifestyle-related conditions like diabetes. This dual burden places an immense strain on health systems that must allocate limited resources to manage both acute and long-term care.

Strengthening health infrastructure and implementing integrated policies are vital for addressing these diverse regional needs effectively.

222. (D) Older populations and more chronic, non-communicable diseases.
As nations undergo economic and social development, they typically experience a major shift in their demographic and health profiles.

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covered. These axes ensure that the system is fair and protects people from.

Focusing on these core dimensions is essential for systematically improving access to quality healthcare for everyone.

209. (B) A holistic view of health that includes promotive, preventive, curative, and rehabilitative services.
The foundational vision for global health is based on a comprehensive model that addresses all aspects of physical and mental well-being. This approach recognizes that achieving health for all requires more than just treating illnesses; it also involves preventing disease and promoting healthy habits. It emphasizes that services must be integrated and accessible to everyone in the community. By.

This inclusive and proactive strategy is vital for improving health outcomes and achieving social equity worldwide.

210. (A) P-3, Q-2, R-4, S-1
Major international organizations have their primary administrative offices located in cities that are hubs for diplomacy and development. These locations allow for close collaboration between agencies and governments to coordinate policies and share expertise. One city serves as the center for health and another for agricultural policy, while several agencies are based in the primary United Nations.

These centers of global governance are essential for aligning international efforts to address complex human challenges.

211. (C) MDG 6
The targets established at the turn of the century to improve human well-being included a specific objective for fighting major infectious diseases. This goal focused on reversing the spread of malaria and other epidemics that had a devastating impact on poorer nations. By mobilizing international resources and setting clear targets, the global community achieved significant progress in reducing the.

These focused efforts demonstrated the effectiveness of coordinated international action in addressing major health threats globally.

212. (D) Exclusive focus on urban populations
The foundational approach to making healthcare accessible to everyone is based on principles of fairness and inclusion. This model emphasizes that essential services must be available to everyone, regardless of where they live, with a particular focus on those furthest behind. It rejects the idea that high-quality care should be limited to cities or wealthy groups. By using appropriate.

This equitable strategy is essential for building effective health systems that meet the needs of all citizens.

213. (D) 2, 3, and 4
Nations in South East Asia are currently navigating a complex health landscape characterized by both traditional and modern threats. While persistent infectious diseases remain a concern, the rapid rise of chronic conditions like heart disease is putting immense pressure on resources. Strengthening primary care is recognized as the key strategy to address these overlapping burdens and move toward universal.

Implementing integrated health policies is essential for effectively managing the diverse needs of regional populations.

214. (B) Out-of-pocket health spending that exceeds a certain threshold of a household's income or expenditure.
A primary goal of a fair healthcare system is to ensure that seeking necessary medical treatment does not lead to financial ruin for families. This occurs when the cost of services is so high that it forces people to sacrifice other basic needs like food or education. Protecting individuals from such high expenses is a central pillar of universal coverage.

This financial protection is vital for maintaining social equity and ensuring that health is accessible to everyone.

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215. (D) Major financier and source of technical expertise for health system development.
This international financial institution plays a critical role in supporting the growth of healthcare infrastructure in developing countries. It provides the necessary capital through loans and grants, along with specialized technical support to help governments implement effective sector reforms. These efforts are designed to build the capacity of

comprehensive plan for building a better world. This shift reflects a.

This integrated approach is essential for addressing the root causes of conflict and inequality globally.

173. (C) A 30-year-old executive planning a two-week trip to several countries in Sub-Saharan Africa.
Travel medicine is a specialized discipline that addresses the health risks associated with international movement between different ecological zones. A typical case in this field involves assessing the hazards for a person going to a region with unique pathogens, such as tropical diseases. Practitioners provide vaccinations and preventive medications to ensure the individual remains healthy and safe. This practice.

Proactive medical advice is a vital component of travel medicine and helps to ensure a safe journey.

174. (D) 1, 2, 3, 4, and 5
Global health and development are supported by various international organizations that each have a specialized role. Some are agencies of the United Nations for health, population, or child welfare, while others function as financial institutions or independent humanitarian bodies. Together, these entities provide a comprehensive network of support that addresses the many different factors that influence human well-being.

Understanding the specialized mandates of these organizations is essential for coordinated international progress and cooperation.

175. (A) A high burden of non-communicable, lifestyle-related diseases and an aging population.
Highly developed nations typically face a health profile that is defined by chronic conditions associated with longer life spans and modern habits. As mortality from infectious diseases declines and birth rates stay low, the population becomes older, leading to a high prevalence of heart disease and dementia. These issues require sustained medical attention and significant resources from the healthcare.

Adapting health services to meet the needs of an aging society is a primary challenge for modern nations.

176. (B) Elimination of measles and rubella
Nations in South East Asia are working together on several major health goals that are also important for the international community. These include the elimination of certain highly contagious childhood illnesses through coordinated vaccination campaigns. Success in this area requires strong regional cooperation and robust public health infrastructure. By focusing on these targets, countries can significantly reduce the burden.

Strengthening immunization programs is a cost-effective way to improve the health and well-being of young populations.

177. (B) Comprehensive Primary Health Care
The historic vision for global health established in the late nineteen-seventies was based on a holistic model of care. This approach recognized that health is more than just the absence of disease and requires a wide range of services, including prevention and promotion. It emphasized that services must be accessible and fair for the entire population. By using this.

This visionary strategy remains a cornerstone of international efforts to achieve health for all people.

178. (A) Tended to be pursued as separate, vertical goals without recognizing their interdependencies.
One of the key criticisms of previous global development efforts was that they were often implemented in isolation. This meant that targets for health, education, and poverty were addressed by separate programs that did not always work together. The current agenda was designed to address this problem by recognizing that these issues are deeply linked. By encouraging a.

This more integrated approach is essential for achieving truly sustainable and effective development outcomes worldwide.

179. (B) Immunization, nutrition, water, and sanitation for children.
This specialized agency of the United Nations plays a vital role in protecting the health and rights of young people globally. Its work focuses on the basic requirements for healthy development, such as life-saving vaccines, adequate food, and clean water. By addressing these foundational needs, the organization helps to reduce preventable deaths and ensure that every child has a.

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Improved living conditions and medical care lead to longer life spans, while birth rates tend to decline. This results in a larger proportion of elderly individuals and a shift from infectious diseases to long-term conditions like heart disease and cancer. By.

Adapting healthcare to meet the needs of an aging society is a primary challenge for modern medical planners.

223. (D) 1, 2, 3, 4 and 5
The history of global health is marked by several key frameworks and agreements established at different times. These include a visionary declaration on primary care and sets of goals for development launched at the start of the century and in recent years. Each of these frameworks has specific target dates and core principles, such as the commitment to health for.

Understanding these various global health milestones provides a comprehensive view of the evolution of international policy.

224. (B) GAVI, the Vaccine Alliance
This unique international partnership brings together governments, private companies, and civil society to increase access to life-saving immunizations in poorer countries. Its primary role is to raise funding and use its market power to make vaccines more affordable and available. These efforts have significantly reduced the number of deaths from preventable diseases among children in less developed nations. By.

Its innovative model has been a critical component of global efforts to improve health and child survival.

225. (B) The Declaration of Alma-Ata
The foundational definition for the approach to making healthcare accessible to everyone was established at a historic conference held in Kazakhstan in 1978. This visionary document stated that health is a fundamental right and that the attainment of an acceptable level of well-being is a most important world-wide social goal. It identified primary care as the key strategy for reaching.

These core values of equity and participation continue to guide international health policy and strategies today.

226. (A) High maternal mortality ratio.
Significant disparities in health outcomes are often a reflection of the level of economic and social development within a country. In poorer regions, the risk of death during pregnancy and childbirth remains high due to limited access to skilled medical care and basic infrastructure. Wealthier nations have largely been able to reduce these risks through robust healthcare systems and specialized care.

Addressing the needs of mothers is a top priority for public health initiatives in less developed areas.

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227. (C) Focus on expensive, high-tech, specialist care
The foundational model for building a health system that serves everyone is based on principles of fairness and inclusion. This approach emphasizes that essential services must be affordable and available to every person in the community. It prioritizes the use of practical and socially acceptable technology rather than expensive specialized equipment. By focusing on primary care and community participation, health.

This equitable strategy is essential for meeting the basic health needs of all citizens effectively.

228. (D) 'Rights-based', universal approach for all countries.
The transition to the current global development agenda represented a major philosophical shift in how international progress is viewed. It moved away from a narrow focus on the needs of poorer nations toward a universal framework that applies to every country. This approach is based on the idea that everyone has a right to health and development, creating a shared.

This inclusive and rights-based strategy is essential for addressing the global challenges of the modern world.

229. (B) Both Statement I and Statement II are false.
Every medical specialty has a specific focus defined by the needs of a particular population or health issue. One discipline is dedicated to the health of travelers moving between different regions, while another focuses on the unique needs of elderly patients. It is important to correctly identify these fields to understand how medical care is organized. Misidentifying these specialties can lead to.

that track the status of child survival, nutrition, and education across different nations. These findings help to identify where progress is being made and where more effort is needed to protect vulnerable children. By providing.

This evidence-based approach is essential for guiding global policies and ensuring that no child is left behind.

202. (A) Both A and R are true and R is the correct explanation of A.
The visionary agreement reached in 1978 is considered a defining moment in global health because it established a new direction for international policy. It championed the idea that every person should have access to an acceptable level of health and identified primary care as the essential strategy to achieve it. This shifted the focus from elite medical systems to.

The principles of equity and community involvement established at this conference continue to be major influences today.

203. (D) Travelers
Travel medicine is a specialized discipline that focuses on the health risks individuals encounter when moving between different ecological and social zones. This involves providing proactive medical advice, vaccinations, and preventive treatments based on the traveler's itinerary. Practitioners aim to protect individuals from local diseases and prevent the global spread of infectious pathogens. This field is essential for.

Proactive medical consultation is a vital component of travel medicine and helps to ensure a safe journey.

204. (B) Relative burden of communicable versus non-communicable diseases.
There is a distinct contrast between the leading causes of illness and death in nations with different economic levels. Poorer nations continue to grapple with a heavy burden of infectious diseases and issues related to basic medical care. In contrast, wealthier nations have shifted toward managing chronic conditions associated with longer life spans and modern lifestyles. Recognizing these differences.

Designing effective public health strategies requires understanding the specific disease patterns that affect different global populations.

205. (A) Both Statement I and Statement II are true.
The current global development agenda represents an expansion and maturation of previous international efforts. It recognizes that true human progress requires addressing a wider array of interconnected issues, such as climate change, inequality, and responsible consumption. These goals are also designed to be universal, meaning they apply to every country regardless of their status. This inclusive approach.

This comprehensive framework is essential for building a more sustainable and equitable future for all humanity.

206. (B) An agency funded by multiple governments and whose work is not restricted to a single country.
International health aid can be delivered through various types of organizations, each with its own structure and purpose. One important model involves agencies that are funded by many different nations and operate on a global scale. This collaborative approach allows for the coordination of resources and expertise to solve global problems. These organizations are essential for setting standards and.

Understanding these different models of international cooperation is important for analyzing how health assistance is managed.

207. (A) Target 3.6
Improving public health in South East Asia requires addressing the significant number of deaths and disabilities caused by traffic incidents. This is identified as a specific target within the global health goal, which aims to substantially reduce such injuries by the end of the decade. Achieving this objective involves improving vehicle safety, road infrastructure, and public awareness. By focusing.

Prioritizing road safety is essential for reducing preventable deaths and promoting overall well-being across the region.

208. (B) Who to cover, what to cover, and how much to cover.
The conceptual model for expanding healthcare toward full coverage focuses on three critical dimensions that define the extent of the system. These include identifying the specific populations that are protected, the range of essential services they can access, and the portion of costs that are

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such as migration and aging. By protecting the rights of women and young people, the organization contributes to sustainable development and.

Its work is essential for upholding human dignity and promoting healthy lives throughout the world.

237. (C) A high incidence of maternal and child mortality due to infectious diseases.
Highly industrialized nations typically have health profiles that are defined by low rates of infectious disease and high levels of medical care. Their mortality is dominated by chronic conditions associated with longer life spans and modern habits, such as heart disease and cancer. It is incorrect to suggest that maternal and child deaths from infection are common in these settings. In.

Recognizing these different disease patterns is essential for designing effective public health and medical policies.

238. (C) I false, II true.
The visionary agreement reached in 1978 established a new direction for global health by championing a comprehensive and holistic model of care. This approach emphasized that achieving health for all requires more than just medical treatment; it involves the participation of the whole community and coordination across different sectors. It rejected narrow, disease-specific programs in favor of integrating various essential.

This foundational philosophy continue to guide international efforts toward achieving health equity and universal coverage today.

239. (A) A more integrated and universal agenda.
The transition to the current global development framework represented a major maturation of international cooperation. It moved away from a narrow focus on the needs of poorer nations toward a comprehensive plan that applies to every country. This approach recognizes that sustainable progress requires addressing the interconnected social, economic, and environmental issues that affect everyone. By following this universal agenda.

This integrated strategy is essential for building a better and more sustainable future for all humanity.

240. (B) The region has successfully eliminated all forms of malnutrition.
Nations in South East Asia continue to face significant nutritional challenges, with many people suffering from both a lack of food and the rising problem of obesity. This complex situation, often referred to as the dual burden of malnutrition, remains a major public health concern. It is incorrect to suggest that these issues have been solved; in fact, they require.

Implementing comprehensive nutritional policies is vital for improving the health and productivity of regional populations.

241. (A) Both A and R are true and R is the correct explanation of A.
This international financial institution plays a major role in global health by providing the necessary funding for developmental projects. It offers loans, grants, and technical support to countries to help them strengthen their medical infrastructure and improve service delivery. These efforts are designed to build the capacity of nations to manage their own health challenges and improve outcomes. By offering.

Its involvement is essential for supporting sustainable health sector development and strengthening systems in poorer regions.

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242. (A) HIV/AIDS
At the turn of the century, a major global program was launched to significantly expand access to life-saving medications for a devastating epidemic. This initiative set a specific, time-bound target to provide treatment to millions of people in less developed nations. It represented a massive coordinated effort between international health bodies and governments to address an urgent health crisis. By.

This landmark initiative helped to demonstrate that widespread treatment in resource-poor settings was both possible and effective.

243. (C) Mandatory use of advanced robotic surgery.
The primary care approach established in the late nineteen-seventies is based on making essential health services accessible and affordable for everyone. This model prioritizes the use of practical and socially acceptable methods that are sustainable for the community. It focuses on basic services such as immunization, nutrition, and

276. (A) Combating non-communicable diseases like diabetes and cancer
The Millennium Development Goals focused on a specific set of health targets to be achieved by 2015. These included reducing child mortality, improving maternal health, and fighting communicable diseases like HIV/AIDS and malaria. Non-communicable diseases, such as diabetes and cancer, were not part of the original health-related MDGs, as the global priority then was centered on infectious diseases.

277. (D) It successfully mobilized funding and political will for targeted health issues
One of the primary achievements of the Millennium Development Goals was the ability to generate significant international attention and resources for specific health issues. This goal-oriented framework successfully encouraged political commitment and increased funding levels globally. These efforts led to measurable progress in areas like childhood immunization and the expansion of treatment for major epidemics like HIV and malaria.

278. (A) focused on a specific disease or issue in isolation from the broader health system
Vertical health programs are designed to address a single disease or health issue through a dedicated, standalone structure. While often effective for specific targets, these programs can operate in silos, separate from the rest of the medical system. This can lead to fragmented care and may prevent the development of a strong, comprehensive, and integrated health infrastructure for the entire population.

279. (C) the issue of equity and disparities within countries
A critical limitation of the Millennium Development Goals was the tendency for national averages to hide significant internal differences in health outcomes. The framework often prioritized overall progress without adequately addressing the inequities between different socio-economic or geographic groups within a country. This lack of focus on equity meant that the most vulnerable populations did not always benefit.

280. (A) the development of holistic and integrated health systems
By prioritizing specific, disease-related targets, the Millennium Development Goal framework sometimes diverted resources and attention away from broader health system strengthening. The emphasis on narrow interventions often came at the expense of building foundational elements like workforce training and integrated supply chains. This hindered the creation of a more sustainable and holistic health infrastructure capable of managing diverse needs.

281. (D) SDG 3: Ensure healthy lives and promote well-being for all at all ages
Sustainable Development Goal 3 serves as the primary health-focused objective within the 2030 Agenda. Its main purpose is to ensure healthy lives and promote well-being for all individuals at every stage of life. This goal reflects a comprehensive vision that integrates various aspects of health, aiming for universal improvements across diverse populations and addressing a wide range of medical challenges.

282. (B) It is significantly broader, including NCDs, substance abuse, and UHC
The scope of Sustainable Development Goal 3 is much more extensive than that of the previous health goals. While it continues the work on maternal and child health, it also introduces several new priorities. These include addressing non-communicable diseases, substance abuse, and road safety. This shift represents a move toward a more comprehensive and holistic global health strategy.

283. (C) Reducing premature mortality from non-communicable diseases
One of the significant additions to the global health agenda in Sustainable Development Goal 3 is the focus on non-communicable diseases. This target specifically aims to reduce premature deaths from chronic conditions like cardiovascular disease and cancer, which were not primary focuses of the previous framework. This change acknowledges the growing global burden of lifestyle-related illnesses alongside traditional infectious diseases.

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these different roles is important for recognizing how international cooperation is.

These specialized mandates ensure that dedicated resources and expertise are applied to specific global challenges effectively.

251. (B) A predominance of non-communicable diseases and chronic conditions
Developed nations have experienced an epidemiological transition, leading to a shift in their health landscape. These countries primarily face a burden from non-communicable diseases and chronic conditions rather than infectious ones. This change is largely driven by aging populations and lifestyle factors such as sedentary behavior, tobacco usage, and unhealthy diets, resulting in higher morbidity rates.

252. (A) both persistent infectious diseases and a rising incidence of NCDs
Developing nations currently face a complex health scenario where they must simultaneously manage a high prevalence of traditional infectious diseases and a rapid increase in non-communicable diseases. This situation arises because these countries are undergoing a transition while still struggling with an unfinished agenda of maternal and child health issues, creating significant strain on resources.

253. (C) Poor maternal health outcomes
The rise of chronic illnesses in developed nations is primarily attributed to lifestyle-related factors and demographic shifts. Key contributors include sedentary lifestyles, unhealthy dietary habits, and the use of tobacco products. While poor maternal health outcomes are a significant concern in developing nations, they are not identified as a primary driver for the NCD epidemic in high-income countries.

254. (D) must address both infectious and non-communicable diseases with limited resources
Healthcare infrastructures in emerging economies are often under-resourced and fragile, making them ill-equipped to handle multiple health crises at once. These systems must maintain capacity for infectious disease outbreaks, like malaria or tuberculosis, while building new frameworks to manage long-term chronic conditions. This overlapping demand for limited financial and human resources creates immense systemic pressure and fragility.

255. (C) the ongoing battle against infectious diseases, malnutrition, and poor maternal/child health
The unfinished agenda represents health challenges that remain unresolved in many developing countries despite global progress. This encompasses persistent issues such as high rates of malaria, tuberculosis, and HIV/AIDS, alongside significant problems with malnutrition and maternal mortality. These conditions are typically associated with poverty and inadequate infrastructure, requiring continued focus and investment to improve overall public health outcomes.

256. (B) A dual burden of significant communicable diseases alongside rising NCDs
The South-East Asia Region faces a unique situation where it must address a disproportionate burden of communicable diseases alongside a surge in non-communicable conditions. While progress has been made against specific infections, persistent sanitation issues and rapid urbanization drive both traditional and modern health problems. This necessitates health systems to manage diverse medical needs with often constrained resources.

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257. (D) a notable public health achievement
The region has demonstrated significant success in specific health initiatives, as evidenced by its official certification as being free from polio. This accomplishment serves as a benchmark for progress within the South-East Asia Region's diverse landscape. Such milestones highlight the potential for effective public health interventions to overcome major infectious diseases, even within complex and resource-limited environments.

258. (A) Genetic predispositions of the population
The increase in chronic conditions across the South-East Asia Region is linked to societal and environmental shifts rather than biological traits. Key drivers include the rapid process of urbanization, changing dietary habits, and rising tobacco consumption. While genetics can influence health, they are not cited as a primary catalyst for the current epidemiological shift toward non-communicable diseases.

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and preventing the spread of diseases. This stage involves conducting personalized risk assessments and implementing preventative measures such as vaccinations and prophylactic medications. By addressing potential health threats before departure, medical professionals can significantly mitigate the risks of illness and injury that individuals face while abroad.

268. (A) Evaluating and treating an illness that manifested after returning home
The pre-travel stage focuses on preparation and prevention before a journey begins. This includes administering vaccines, prescribing preventive drugs for diseases like malaria, and providing safety advice regarding food and water. Assessing and managing symptoms that occur after a traveller has already come back to their home country is specifically a function of the post-travel phase of emporiatric care.

269. (C) the rise in global travel for various purposes
The increasing prominence of travel medicine is a direct result of the modern globalization of human movement. As more people travel across the world for work, leisure, or resettlement, the potential for health risks and disease transmission increases. This necessitates a specialized medical focus on managing the health requirements of mobile populations to protect both individuals and public health.

270. (D) some diseases may not become apparent until after the traveller has returned
Follow-up care after international travel is essential because many infectious diseases have incubation periods that last longer than the trip itself. Symptoms might only appear once the individual has already returned home, making medical evaluation necessary for diagnosis and treatment. This phase is critical for identifying exotic illnesses early and preventing their introduction into the traveller's home community.

271. (C) The implementation of Primary Health Care (PHC)
The 1978 declaration identified Primary Health Care as the essential strategy for achieving the goal of health for every individual. This approach was envisioned as a way to provide universal access through community participation and scientifically sound methods. It shifted the focus toward a more inclusive and socially acceptable framework for health service delivery at the local level.

272. (B) Advanced hospital-based technology
Primary Health Care is built on foundations of equity, community involvement, and inter-sectoral coordination. It promotes the use of appropriate technology that is affordable and socially acceptable within a local context. High-level, centralized hospital technology is not a core principle, as the focus is on making essential services accessible and sustainable for the entire community.

273. (D) implemented selectively with a focus on a narrow set of interventions
Although Primary Health Care was intended to be a comprehensive and holistic model, its implementation often became limited in practice. Many health programs focused on a narrow set of cost-effective interventions rather than developing integrated systems. This selective approach frequently overlooked the broader goals of system-wide improvement and sustainable health infrastructure development that were originally envisioned.

274. (A) UHC is a modern strategy rooted in the philosophy of PHC
Universal Health Coverage serves as a contemporary and measurable framework that carries forward the fundamental ideals of Primary Health Care. While UHC places specific emphasis on financial protection and service coverage, it remains deeply rooted in the PHC philosophy of equity and universal access. It represents an evolution of the strategy to achieve the long-standing global vision of health.

275. (C) ensuring access to health services without causing financial hardship
A defining element of Universal Health Coverage is the protection of individuals from the financial risks associated with seeking medical care. It aims to ensure that all people can access a full range of high-quality health services—from prevention to palliation—without suffering economic distress. This focus on financial affordability is a critical component of making healthcare truly universal and equitable.

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the provision of essential medicines. Expensive and specialized medical technologies are not.

This practical and equitable model is essential for meeting the basic health needs of all people effectively.

244. (D) 2030
The current global framework for sustainable development consists of seventeen objectives that were adopted with a specific, fifteen-year timeframe for achievement. These goals provide a comprehensive roadmap for international cooperation and national policies to improve human well-being and protect the environment. They are designed to be relevant to every nation and aim to be completed by the end of.

This time-bound approach helps the international community to track progress and mobilize resources for a better future.

245. (C) The United States Agency for International Development (USAID)
International health assistance can be provided through various channels, and one common model involves direct partnership between two specific nations. This type of organization represents the developmental efforts of a single donor government to support the health system and overall development of a recipient country. This differs from global bodies that are funded by many nations and operate worldwide. These partnerships.

Understanding these different models of cooperation is important for analyzing how international health aid is managed.

246. (D) 1, 2, 3 and 4
The world is currently facing a complex set of health challenges that vary by region and economic level. While wealthier nations must manage a high burden of chronic conditions, poorer nations still grapple with persistent infectious diseases. Some regions are experiencing a dual burden of both types of illnesses, while specialized disciplines continue to address the health of international travelers.

Recognizing these diverse threats is essential for designing effective global health policies and coordinating international responses.

247. (D) Universality
The transition to the current global development framework represented a major change in the philosophy of international cooperation. It moved away from a narrow focus on the needs of poorer nations toward an inclusive agenda that applies to every country, regardless of its status. This approach recognizes that sustainable development is a shared responsibility and that global challenges affect everyone. By.

This universal and inclusive strategy is essential for achieving a more equitable and sustainable future for humanity.

248. (A) SDG 3 (Good Health and Well-being)
Within the current global agenda for sustainable development, one particular objective is dedicated to ensuring healthy lives for all people at all ages. This goal includes several targets focused on improving health systems and ensuring every person has access to essential services without financial hardship. It is considered a central pillar of the entire development plan, as good health is.

Achieving this objective is vital for realizing the broader vision of a more equitable and prosperous world.

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249. (C) A large number of deaths in children from diarrhea and dehydration.
Significant differences in health outcomes often reflect the level of economic and social development within a nation. In poorer regions, the lack of clean water and basic medical care remains a primary cause of death, particularly among young children who suffer from gastrointestinal infections. Wealthier nations have largely been able to control these risks through better infrastructure and medical services. Addressing.

Focusing on basic preventive and curative services is essential for improving child survival in less developed areas.

250. (B) P-3, Q-1, R-4, S-2
Various international organizations have specialized mandates that contribute to the overall well-being of the global population. One agency provides leadership on health standards, while another focuses on the survival and development of children. There are also financial institutions that fund health sector projects and bodies dedicated to food security. Understanding

284. (A) achieving the health goal (SDG 3) is dependent on progress in other areas like poverty and education
The Sustainable Development Goals are designed with the understanding that health outcomes are deeply influenced by social and economic factors. Progress in improving health depends on simultaneous advancements in areas such as poverty reduction, quality education, nutrition, and access to clean water. This holistic approach recognizes that addressing the social determinants of health is essential for achieving long-term and sustainable well-being.

285. (C) the integration of a systems-level goal for health access and financial protection
The commitment to achieving universal health coverage within the sustainable development framework represents a transition toward strengthening health systems as a whole. It emphasizes the importance of ensuring that every person has access to necessary health services and is protected from financial hardship. This systems-level approach moves beyond disease-specific targets to promote equitable and comprehensive access to healthcare for everyone.

286. (D) a situation where both communicable and non-communicable diseases are highly prevalent
Developing nations often experience a dual burden of disease because their epidemiological transition is incomplete. This results in a scenario where high rates of traditional infectious diseases persist even as non-communicable conditions like diabetes and heart disease rise rapidly. This overlap forces health systems to simultaneously manage problems of poverty and those associated with urbanization and aging populations.

287. (C) persistent issues like infectious diseases and poor maternal/child health
Within the context of a transitioning health landscape, the unfinished agenda refers to persistent health problems that typically affect lower-income societies. These include major infectious diseases such as tuberculosis and malaria, as well as significant challenges related to malnutrition and the survival of mothers and children. These issues remain critical priorities even as new health threats like chronic conditions begin to emerge.

288. (B) The processes of urbanization and globalization
The rising incidence of non-communicable diseases in developing countries is fueled by major societal shifts. Urbanization and globalization often lead to changes in lifestyle, including different dietary patterns and more sedentary habits. Additionally, as life expectancy increases in these nations, more people live long enough to develop chronic conditions that were previously less common in these demographic regions.

289. (D) are primarily structured to deal with acute, infectious diseases
Many health systems in developing nations were originally built to provide acute care for infectious diseases rather than long-term management for chronic conditions. These infrastructures often utilize vertical programs focused on specific infections, lacking the integrated systems required for person-centered, continuous NCD care. This misalignment makes it difficult for them to adapt to the new epidemiological reality of chronic illness.

290. (A) an extraordinary strain leading to fragmented care and resource inefficiency
Facing a dual burden of disease places immense pressure on nascent health infrastructures, often leading to fragmented medical care. Resources are frequently stretched thin as they are divided between fighting infectious epidemics and managing chronic non-communicable conditions. This can result in an inefficient allocation of limited funds and personnel, making it harder for the health system to provide consistent services.

291. (C) Because no single agency has all the necessary resources and expertise for complex problems
Solving complex international health problems requires more resources and knowledge than any one organization can provide on its own. Collaboration allows multiple agencies to pool their specialized expertise and financial assets to tackle multifaceted challenges. This coordinated approach ensures that different aspects of a problem are addressed simultaneously, leading to more effective and sustainable health outcomes than isolated efforts could achieve.

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292. (A) a successful model of inter-agency collaboration to tackle a complex health issue
The Joint United Nations Programme on HIV/AIDS serves as a prime illustration of how multiple international bodies can coordinate their efforts toward a single goal. Rather than working independently, various agencies combine their unique mandates and strengths to create a unified response to the epidemic. This model demonstrates the power of synergy in overcoming the limitations of individual organizational frameworks.

293. (D) To focus on the needs of children and prevent mother-to-child transmission
Within the collaborative framework of the HIV response, this agency focuses specifically on the vulnerabilities of younger populations. Its primary contributions include efforts to prevent the transmission of the virus from mothers to their infants and addressing the unique medical and social needs of children and adolescents. This specialized focus ensures that these specific groups receive targeted support within the program.

294. (B) offering technical guidance and setting evidence-based standards
The World Health Organization provides the essential technical foundation for the collaborative response to the HIV epidemic. Its role involves establishing evidence-based norms and clinical standards for both the prevention and treatment of the disease. By providing this scientific and policy guidance, the organization ensures that the efforts of all partner agencies are aligned with the latest medical research.

295. (C) To address a health problem comprehensively by leveraging diverse expertise
The main objective of bringing agencies together is to ensure a more holistic and integrated response to complex health issues. By leveraging diverse strengths in areas like technical expertise and financing, the partnership can address all facets of a disease. This collaborative strategy reduces the fragmentation of services and prevents the wasteful duplication of effort across the international community.

296. (D) Primary Health Care as the key to 'Health for All'
This landmark declaration is celebrated for establishing a new vision for global health centered on the concept of Primary Health Care. It identified this approach as the fundamental strategy for achieving the goal of making health services available to every person worldwide. This philosophy shifted the focus from purely medical interventions to a more comprehensive and inclusive model of public health.

297. (A) active partners in managing their own health services
A core principle of the Primary Health Care model is the empowerment of local populations to take an active role in their own wellbeing. This involves communities participating directly in the planning and implementation of health initiatives. By being partners, community members help ensure that services are relevant, culturally acceptable, and effectively meet their specific local needs.

298. (B) That health is influenced by sectors like education, agriculture, and sanitation
The principle of inter-sectoral action acknowledges that health is not solely determined by medical services but by a variety of external factors. Improvements in health outcomes require coordination between different sectors, such as education, agriculture, and sanitation. By working across these various domains, health systems can address the underlying social and environmental conditions that significantly impact the entire population.

299. (C) scientifically sound, socially acceptable, and affordable
In the context of the Alma-Ata vision, technology used in health services must be suitable for the specific environment and population it serves. This means that methods and materials should be based on sound scientific evidence while remaining culturally acceptable to the community. Furthermore, such technology must be affordable and sustainable for the country to maintain over the long term.

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300. (A) all individuals, with a special focus on the most vulnerable

The principle of equity in healthcare asserts that access to medical services should be based on need rather than the ability to pay. This means ensuring that essential care reaches everyone, with priority placed on the most vulnerable and marginalized populations. By focusing on fairness, the Primary Health Care approach seeks to reduce significant disparities in health outcomes.

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259. (C) the continued prevalence of communicable and vector-borne diseases
Persistent difficulties regarding water, sanitation, and hygiene remain critical factors in the regional health landscape. These deficiencies directly contribute to the ongoing transmission of various diarrheal diseases and other vector-borne illnesses. Improving these foundational environmental factors is essential for reducing the burden of infectious diseases that continue to threaten the health and well-being of populations in these areas.

260. (A) The region's vulnerability to climate change and natural disasters
Public health efforts in the South-East Asia Region are further complicated by environmental vulnerabilities. The area is highly susceptible to the effects of climate change and the occurrence of natural disasters, which can severely disrupt essential health services. These events often exacerbate existing health crises and create new challenges for maintaining the stability and effectiveness of health systems.

261. (D) To act as the directing and coordinating authority on international health
The World Health Organization serves as the leading body for international health work within the United Nations system. Its responsibilities involve setting global norms and standards, monitoring health trends, and providing technical support to various nations. By acting as a central coordinating authority, it ensures a unified and evidence-based approach to managing global health challenges and policy implementation.

262. (B) the protection of children's rights and meeting their basic needs
This international agency maintains a specific mandate focused on the protection and promotion of children's rights. Its health-related activities are targeted toward meeting the fundamental needs of younger populations through initiatives like immunization campaigns, child nutrition programs, and maternal health support. This specialized focus distinguishes its operations from the broader normative and coordinating functions of other global health organizations.

263. (C) providing financial and technical assistance for health systems
In the realm of global health, the World Bank functions primarily as a financing body. It provides developing countries with the necessary financial resources and technical expertise to strengthen their health systems and infrastructure. Its support is often directed toward long-term development projects and specific disease control programs, helping nations build the capacity to deliver essential healthcare services.

264. (D) As a bilateral agency implementing a single country's policies
Agencies like USAID are classified as bilateral organizations because they represent the interests and foreign policy of a single nation. They provide health and development assistance directly to other countries to achieve specific international goals. This differs from multilateral organizations, which involve multiple nations and operate under the umbrella of international bodies like the United Nations to manage health.

265. (A) Synergistic collaboration between different agencies
The effectiveness of international health programs relies heavily on the ability of various agencies to work together harmoniously. By leveraging their unique strengths in financing, technical guidance, and field operations, these organizations can create a more cohesive response to complex problems. Such synergy avoids duplication of effort and ensures that diverse resources are used efficiently to improve health outcomes.

266. (B) A specialized medical field concerned with the health of international travellers
Emporiatrics is a specialized branch of medicine that focuses exclusively on the health and well-being of individuals who travel internationally. The field has grown in importance due to the rise in global movement for tourism, business, and migration. It aims to prevent and manage health risks that people may encounter while crossing borders and visiting different ecological regions.

267. (B) The pre-travel phase, involving risk assessment and preventative measures
The pre-travel phase is considered the most vital period for ensuring traveller safety

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